

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0012188 AF

DOCUMENT # L99000003040

1. Entity Name
SOUTHERN UTILITY SOLUTIONS, L.L.C.

00 MAY 12 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
905 LOWNDE STREET
PENSACOLA FL 32507-3023

Mailing Address
P.O. BOX 4815
PENSACOLA FL 32507-0815



2. Principal Place of Business

3. Mailing Address

409 WASHINGTON AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 310

City & State

City & State

TOWSON, MARYLAND

Zip

Country

Zip

Country

21204-4971

BALTIMORE

4. FEI Number

59-3580727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMMANUEL, ROBERT A ESQUIRE
EMMANUEL SHEPPARD & CONDON
30 SOUTH SPRING STREET
PENSACOLA FL 32501

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GILLET, SHERLOCK S JR 409 WASHINGTON AVENUE, SUITE 310 TOWSON MD 21204-4971	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRESIDENT SHERLOCK S. GILLET 409 WASHINGTON AVENUE, SUITE 310 TOWSON, MD 21204-4971	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SECRETARY TREASURER GERALD H. MATSON 409 WASHINGTON AVENUE, SUITE 310 TOWSON, MD 21204-4971	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	800003283948--4 -06/12/00--01008--001 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SHERLOCK S. GILLET, JR

4/4/00

410-825-3722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)