

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 19 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000003374**

1. Entity Name

ALLIED UNIKING BUILDERS, L.L.C.

Principal Place of Business

720 BAYOU DR.
DESTIN FL 32541

Mailing Address

720 BAYOU DR.
DESTIN FL 32541-1803

2. Principal Place of Business

1234 Airport Rd Ste 108

Suite, Apt. #, etc.

Ste 108

City & State

Destin FL

3. Mailing Address

1234 Airport Rd

Suite, Apt. #, etc.

Ste 108

City & State

Destin FL

Zip

32541

Country

USA

Zip

32541

Country

USA

4. FEI Number

59-3593346

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUSTON, GARY W

**125 W. ROMANA, SUITE 800
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name **Same**

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

TITLE NAME ☐ Delete
**MGR
JOHNSON, WILLIAM J JR.
720 BAYOU DR.
DESTIN FL 32541**

TITLE NAME ☐ Delete
**MGR
ANDERSON, KEN R
4750 CROMWELL
MEMPHIS, TN 38181**

TITLE NAME ☐ Delete
**STREET ADDRESS
CITY - ST - ZIP**

TITLE NAME ☐ Delete
**STREET ADDRESS
CITY - ST - ZIP**

TITLE NAME ☐ Delete
**STREET ADDRESS
CITY - ST - ZIP**

TITLE NAME ☐ Delete
**STREET ADDRESS
CITY - ST - ZIP**

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
**STREET ADDRESS
CITY - ST - ZIP**

TITLE NAME ☐ Change ☐ Addition
**STREET ADDRESS
CITY - ST - ZIP**

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TITLE NAME ☐ Change ☐ Addition
**STREET ADDRESS
CITY - ST - ZIP**

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: **William J Johnson Jr**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

05-06-2000 850-269-0267
Date Daytime Phone #