

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000009393**

1. Entity Name

CANAM CONSTRUCTION L.L.C.

FILED

01 JAN 26 PM 3:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**450 SOUTH COLTRANE
EDMOND OK 73034**

Mailing Address

**P.O. BOX 727
EDMOND OK 73083**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

73-1544143

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 ☐ Delete
NAME **MGR**
STREET ADDRESS **BURGESS, CALVIN**
CITY-ST-ZIP **450 S. COLTRANE
EDMOND OK 73034**

☐ Change ☐ Addition
500003631885--0
-02/02/01--01140--023
*******50.00 *****50.00**

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **THOMPSON, JOHN R**
CITY-ST-ZIP **450 S. COLTRANE
EDMOND OK 73034**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **JORDAN, DALE F**
CITY-ST-ZIP **450 S. COLTRANE
EDMOND OK 73034**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **HUNTER, JAMES**
CITY-ST-ZIP **450 S. COLTRANE
EDMOND OK 73034**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **DOMINION ASSET SERVICES, LLC**
CITY-ST-ZIP **450 S. COLTRANE
EDMOND OK 73034**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

John R. Thompson 1/11/01 (405) 348-9852

Date

Daytime Phone #

CR2E083 (11/00)