

2001 UNIFORM BUSINESS REPORT (UBR)

0030490 AB

DOCUMENT # M00000000602

1. Entity Name

GENTRY STEEL FABRICATION, L.L.C.

FILED

01 FEB 20 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1313 HIGHWAY 31 NORTH
PRATTVILLE AL 36067

Mailing Address

1313 HIGHWAY 31 NORTH
PRATTVILLE AL 36067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-1186234

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

NANCE, ROBERT

9041 SOUTHSIDE BLVD., STE 158
JACKSONVILLE FL 32256

Name

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

6519 Tamiami Trail South

City

Sarasota

FL

Zip Code

34231

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)

Robert Nance

2/16/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE owner
NAME John L. Gentry (mgrm)
STREET ADDRESS 1439 Bridge Creek Rd
CITY-ST-ZIP Prattville AL 36067 ☐ Delete

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

TITLE Corp mng Robert L. Nance
NAME 1406 Crows Pass (mgrm)
STREET ADDRESS Prattville, AL 36067 ☐ Delete

TITLE
NAME 400003745584-3
STREET ADDRESS -02/21/01-01084-024
CITY-ST-ZIP *****55.00 *****55.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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

Robert Nance

Date

Daytime Phone #

2/16/01 (334)365-8244

CR2E083 (11/00)