

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001389

1. Entity Name
DDMS OF FLORIDA NO. 2, LLC

FILED

01 FEB 12 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

17 COMMERCE STREET
BALTIMORE MD 21202

Mailing Address

17 COMMERCE STREET
BALTIMORE MD 21202

2. Principal Place of Business

3. Mailing Address

5050 Poplar Ave Suite 1800

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Memphis, TN

City & State

City & State

4. FEI Number

52-2254469

Applied For

Not Applicable

Zip

Country

Zip

38157

Country

Shelby

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)

800003743958

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

-02/20/01--01103--006

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
TERRY SWARTLEY
5050 Poplar Ave, Suite 1800
Memphis, TN 38157

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHAIRMAN
CHARLES NABIT
17 Commerce Street
Baltimore, MD 21202

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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

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

Date

Daytime Phone #

1-24-01 901-767-1455

CR2E083 (11/00)