

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001925

1. Entity Name
AMSOUTH ERECTORS, LLC



Principal Place of Business
46 TIMBER CREEK DR.
SUITE 200
CORDOVA, TN 38018

Mailing Address
46 TIMBER CREEK DR.
SUITE 200
CORDOVA, TN 38018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1783161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



03 JUN 26 AM 11:58
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when venturing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SAMMONS, WILLIAM C
STREET ADDRESS 610 OLD HICKORY BLVD. #318
CITY-ST-ZIP NASHVILLE, TN 37209

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 800021155198
CITY-ST-ZIP 06/26/03 01030 002 ***50.00

TITLE T ☐ Delete
NAME PETERSON, LARRY A
STREET ADDRESS 1310 SPEARS RD.
CITY-ST-ZIP HOUSTON, TX 77067

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

TITLE VMGR ☐ Delete
NAME BECKNER, CHARLES
STREET ADDRESS 1310 SPEARS RD.
CITY-ST-ZIP HOUSTON, TX 77067

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

TITLE S ☐ Delete
NAME BECKNER, BOB A
STREET ADDRESS 808 SOUTH COLLEGE ST., SUITE111
CITY-ST-ZIP MCKINNEY, TX 75069

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

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

6/19/03

901-309-5859

Daytime Phone #

CR2E083 (10/02)