

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002362

1. Entity Name
DERR STEEL ERECTION - SOUTHEAST, L.L.C.

Principal Place of Business Mailing Address
13400 TRINITY BLVD. ~~13400 TRINITY BLVD.~~ P.O. Box 637
EULESS TX 76040 ~~EULESS TX 76040~~ Euless, Tx. 76039

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. P.O. Box 637
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Euless, Texas

Zip Country Zip Country
76039 USA

4. FEI Number 75-2876658 Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent
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

TITLE President ☐ Delete
NAME Robert W. Derr
STREET ADDRESS P.O. Box 637
CITY-ST-ZIP Euless, Tx. 76039

TITLE Vice President ☐ Delete
NAME Dan L. Isbell
STREET ADDRESS P.O. Box 637
CITY-ST-ZIP Euless, Tx. 76039

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 600004735356--4
STREET ADDRESS -12/21/01--01007--025
CITY-ST-ZIP *****55.00 *****55.00

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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 REQUIRED

12/12/01 (817) 571-4044

0030894 AB

CR2E083 (11/00)

FILED
01 DEC 17 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE