

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90062 016 ****50.00

DOCUMENT # M02000001671



1. Entity Name
BELLSOUTH WARRANTY SERVICES OF FLORIDA, LLC

Principal Place of Business 675 WEST PEACHTREE STREET, N.E., SUITE 430 0 ATLANTA GA 30375	Mailing Address 675 WEST PEACHTREE STREET, N.E., SUITE 430 0 ATLANTA GA 30375
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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 **NOT APPLICABLE**

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	KIRCHOFFER, A.M. JR.	
STREET ADDRESS	1155 PEACHTREE STREET, N.E.	
CITY-ST-ZIP	ATLANTA GA 30309	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BALTZ, DENNIS J	
STREET ADDRESS	1155 PEACHTREE STREET, N.E.	
CITY-ST-ZIP	ATLANTA GA 30309	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	PROEHL, ROBERT H	
STREET ADDRESS	1155 PEACHTREE STREET, N.E.	
CITY-ST-ZIP	ATLANTA GA 30309	

TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Smith Creel	
STREET ADDRESS	1155 Peachtree Street, NE	
CITY-ST-ZIP	Atlanta, GA 30309	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	GILBERT, A. KIRVEN	
STREET ADDRESS	1025 LENOX PARK BLVD., N.E.	
CITY-ST-ZIP	ATLANTA GA 30319	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGR	<input type="checkbox"/> Delete
NAME	MAST, JOHN K	
STREET ADDRESS	675 WEST PEACHTREE STREET, NE.	
CITY-ST-ZIP	ATLANTA GA 30375	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Dennis J. Baltz* **Dennis J. Baltz, Manager**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/11/03
Date

404/249-2952
Daytime Phone #

CR2E083 (10/02)