

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000066

1. Entity Name
BADHAM INSULATION, L.C.



FILED

03 MAY -2 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
500 ENTERPRISE DRIVE
PANAMA CITY BEACH, FL 32408 US

Mailing Address
1029 TECHNOLOGY PARK DRIVE
GLEN ALLEN, VA 23059 US

2. Principal Place of Business

3. Mailing Address
c/o Tax Department

Suite, Apt. #, etc.

Suite, Apt. #, etc.
21001 Van Born Road

City & State

City & State
Taylor, MI

4. FEI Number
54-1932676

Applied For
Not Applicable

Zip Country

Zip Country
48180

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 amending)

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 UNITED CONTRACTORS, LLC
STREET ADDRESS 1029 TECHNOLOGY PARK DRIVE
CITY-ST-ZIP GLEN ALLEN, VA 23059

TITLE ☐ Change ☐ Addition
NAME 10001789501
STREET ADDRESS 05/02/03--01052--021 **50.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

David A. Doran,
VP of Manager

4/29/03

313/274-7400

Date

Daytime Phone #

CR2E083 (10/02)