

2000 UNIFORM BUSINESS REPORT (UBR)

0014805 AF

DOCUMENT # M96000000147

1. Entity Name
GROUND & PIPE TECHNOLOGIES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 PM 2:30

Principal Place of Business
1120 PARKER STREET
MONTGOMERY AL 36108

Mailing Address
1120 PARKER STREET
MONTGOMERY AL 36108-2314



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Zip Country

City & State
Zip Country

4. FEI Number 63-1164785
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CT 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 _____ (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			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, BRUNSON		NAME		
STREET ADDRESS	RT. 6, BOX 244-5		STREET ADDRESS		
CITY-ST-ZIP	GANTT AL 36420		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINNIS, TIMOTHY N		NAME		
STREET ADDRESS	1120 PARKER STREET		STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY AL 36108		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINNIS, JOHN M JR.		NAME		
STREET ADDRESS	1120 PARKER STREET		STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY AL 36108		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINNIS, CHARLES R		NAME		
STREET ADDRESS	1120 PARKER STREET		STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY AL 36108		CITY-ST-ZIP		
TITLE	MGRM Spencer	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES S. MORGAN FAMILY LLP		NAME		
STREET ADDRESS	1120 PARKER STREET		STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY AL 36108		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVAN M. PARRISH FAMILY LLP		NAME		
STREET ADDRESS	1120 PARKER STREET		STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY AL 36108		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 3-10-00 (334) 834-1414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #