

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000388

1. Entity Name

ALLEN & O'HARA CONSTRUCTION CO., LLC

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90133 045 \*\*\*\*50.00

Principal Place of Business

530 OAK COURT DRIVE, SUITE 305  
MEMPHIS TN 38117-3725

Mailing Address

P.O. BOX 771798  
MEMPHIS TN 38177-1798

2. Principal Place of Business

3246 Players Club Circle  
Suite, Apt. #, etc.

3. Mailing Address

3246 Players Club Circle  
Suite, Apt. #, etc.

City & State

Memphis, TN

City & State

Memphis, TN

Zip

Country

38125-8843

USA

Zip

Country

38125-8843

USA

4. FEI Number

62-1628721

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PORTER, CLYDE C  
530 OAK COURT DRIVE, SUITE 305  
MEMPHIS TN 38117-3725 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Clyde C. Porter  
3246 Players Club Circle  
Memphis, TN 38125-8843 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
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TITLE  
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☐ Change ☐ Addition

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

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:

*Clyde C. Porter*

REQUIRED

4/18/02

901-261-4800

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

Date

Daytime Phone #

CR2E083 (9/01)