

2001 UNIFORM BUSINESS REPORT (UBR)

0030834 AB

DOCUMENT # M97000000015

1. Entity Name

W. R. FAIRCHILD CONSTRUCTION COMPANY, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 19 AM 10:24

Principal Place of Business

**HIGHWAY 49 N.
HATTIESBURG MS 39402**

Mailing Address

**P.O. BOX 15909
HATTIESBURG MS 39404-5909**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

64-0328283

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BAKER, JAMES E
1520 LIVE OAK ROAD
MONTICELLO FL 32344**

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FAIRCHILD, WILEY
100 FAIRLANE DR.
HATTIESBURG MS 39401** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FAIRCHILD, MARK A
11 ABBEYWOOD LANE
HATTIESBURG MS 39402** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200003930802 ☐ Change ☐ Addition
-03/30/01--01029--022
*******50.00 *****50.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FAIRCHILD, JOHN M
1009 LAKESHORE DR.
HATTIESBURG MS 39401** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
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: *Mark A. Fairchild* **MARK A. FAIRCHILD**

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

3-15-01

Date

Daytime Phone #

CR2E083 (11/00)