

# 2002 UNIFORM BUSINESS REPORT (UBR)

0016532

DOCUMENT # M97000000608

1. Entity Name

BEDROCK HOLDINGS OF DELAWARE, L.L.C.

FILED

2002 OCT 25 AM 10:59

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

COUNTY RD 676  
NICHOLS FL 33863

5151 SAN FELIPE  
SUITE 1390  
HOUSTON TX 77056

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 56-3466188

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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.

James A. P...

Assistant...

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME CHAOUNI, FAROUK  
STREET ADDRESS 5151 SAN FELIPE STE 1390  
CITY-ST-ZIP HOUSTON TX 77056

TITLE ☐ Change ☐ Addition  
NAME 500008594835  
STREET ADDRESS 10/25/02--01069--002  
CITY-ST-ZIP \*\*15000.00

TITLE MGR ☐ Delete  
NAME COTTON, TIMOTHY  
STREET ADDRESS 5151 SAN FELIPE STE 1390  
CITY-ST-ZIP HOUSTON TX 77056

TITLE ☐ Change ☐ Addition  
NAME 500008594835  
STREET ADDRESS 10/25/02--01069--002  
CITY-ST-ZIP \*\*150.00

TITLE MGR ☐ Delete  
NAME KOVACICH, ROBERT J  
STREET ADDRESS 2001 JACKSON RD  
CITY-ST-ZIP PASADENA TX 77506

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

TITLE MGR ☐ Delete  
NAME MINICK, DEANNA  
STREET ADDRESS 812 CASSIN ROAD  
CITY-ST-ZIP NAPERVILLE IL 60565

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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] SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (4/02)