

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0013606
AF

DOCUMENT # M98000001103

1. Entity Name
DDMS OF FLORIDA, LLC

00 APR 17 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

17 COMMERCE STREET
BALTIMORE MD 21202

Mailing Address

17 COMMERCE STREET
BALTIMORE MD 21202-3230



2. Principal Place of Business

5050 Poplar Avenue
Suite, Apt. #, etc.
1800

3. Mailing Address

5050 Poplar Avenue
Suite, Apt. #, etc.
1800

DO NOT WRITE IN THIS SPACE

mpm

City & State
Memphis TN

Zip
38157

Country
USA

City & State
Memphis TN

Zip
38157

Country
USA

4. FEI Number 52-2145233

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

due 5/1/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
NABIT, CHARLES J
17 COMMERCE STREET
BALTIMORE MD 21202

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SWATLEY, TERRY K
5050 POPLAR AVE., SUITE 2000
MEMPHIS TN 38157

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
000003228820--1
-04/28/00--01065--005

TITLE
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*****50.00 ☐ Change ☐ Addition

TITLE
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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

SIGNATURE REQUIRED Terry Swatley

(901) 767 1955

CP2E083 (9/99)