

2001 UNIFORM BUSINESS REPORT (UBR)

0030471 AB

DOCUMENT # M99000000463

1. Entity Name
PROGRESSIVE PIPELINE, L.L.C.

FILED

01 FEB -5 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3100-B 25TH AVENUE
TUSCALOOSA AL 35401

Mailing Address

P.O. BOX 3182
TUSCALOOSA AL 35403

2. Principal Place of Business

210 Prystup
Suite, Apt. #, etc.

3. Mailing Address

P.O. Drawer 100
Suite, Apt. #, etc.

City & State

Livingston, AL

City & State

Livingston, AL

4. FEI Number

63-1219232

Applied For

Not Applicable

Zip

Country

35470

USA

Zip

Country

35470

USA

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

6. Name and Address of Current Registered Agent

NOLAN, JOSEPH J
1666 WILLIAMSBURG SQUARE, SUITE 300
LAKELAND FL 33803

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

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CASTLE, MICHAEL W
8531 MARI-MAR
TUSCALOOSA AL 35405

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Castle, Michael W.
P.O. Drawer 100
Livingston, AL 35470

☒ Change ☐ Addition

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

1-27-01 205-652-6512

CR2E083 (11/00)