

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUN 27 PM 2:19

DOCUMENT # M99000000721

1. Entity Name  
WALSH DOHMEN SOUTHEAST L.L.C.

00 JUN 27 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3950 VALLEY EAST INDUSTRIAL DRIVE  
BIRMINGHAM AL 36109

Mailing Address  
3950 VALLEY EAST INDUSTRIAL DRIVE  
BIRMINGHAM AL 35217-1837

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

75-2730473

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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  
NELSON, RONALD G  
5005 N STATE ROAD LINE AVE  
TEXARKANA TX 75503

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Controller  
Reese Shuffield  
5005 N State Line Ave  
Texarkana TX 75503

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
SMITH, THOMAS O  
3950 VALLEY E INDUSTRIAL DRIVE  
BIRMINGHAM AL 36109

TITLE  
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CITY- ST- ZIP

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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 #

4/24/00

703-794-5141

CR2F083 (9/99)