

# 2001 UNIFORM BUSINESS REPORT (UBR)

0030529 AB

**DOCUMENT # M99000001815**

1. Entity Name  
**DYER AQUA, LLC**

FILED  
-SECRETARY OF ST/  
DIVISION OF CORPOR/

01 FEB -5 PM 4:

Principal Place of Business  
**1385 FLOWERING DOGWOOD LANE  
DYERSBURG TN 38024**

Mailing Address  
**1385 FLOWERING DOGWOOD LANE  
DYERSBURG TN 38024**



**MJH**

DO NOT WRITE IN THIS SPACE

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 <b>62-1681926</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**GORMAN, ROBERT J ESQ.  
1209 DELAWARE AVE.  
FORT PIERCE FL 34950**

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 \_\_\_\_\_ (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	<b>MGRM FORD, JOHN F 1385 FLOWERING DOGWOOD LANE DYERSBURG TN 38024</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WALKER, BILLY 1385 FLOWERING DOGWOOD LANE DYERSBURG TN 38024</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MOORE, JEAN 1385 FLOWERING DOGWOOD LANE DYERSBURG TN 38024</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FORD, W. KENT 1385 FLOWERING DOGWOOD LANE DYERSBURG TN 38024</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WALKER, JIMMIE 1385 FLOWERING DOGWOOD LANE DYERSBURG TN 38024</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MARYBETH KUHN WALKER TRUST 1385 FLOWERING DOGWOOD LANE DYERSBURG TN 38024</b> <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**100003676151--7  
-02/13/01--01042--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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: *Billy Walker* 1-26-01 901-287-1117**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)