

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE.  
AND  
FILED

10/2

DOCUMENT # M99000001950

1. Entity Name

FIRST UNION COMMERCIAL SHARED RESOURCES, LLC

02 JAN 30 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
C/O CORPORATION SERVICE COMPANY C/O CORPORATION SERVICE COMPANY  
1201 HAYS STREET 1201 HAYS STREET  
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301



DO NOT WRITE IN THIS SPACE  
FEI# 58-2507888

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 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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME FIRST UNION COMMERCIAL CORPORATION  
STREET ADDRESS 301 S. COLLEGE STREET  
CITY-ST-ZIP CHARLOTTE NC 28288-0630

TITLE Member ☒ 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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
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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: Carol R. Mullis REQUIRED  
Carole R. Mullis, V.P. of First Union Commercial Corporation 1/2/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)

70f2



ACCOUNT NO. : 072100000032

REFERENCE : 158395 167868A

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 50.00

ORDER DATE : January 30, 2002

ORDER TIME : 3:12 PM

ORDER NO. : 158395-010

CUSTOMER NO: 167868A

CUSTOMER: Ms. Aprille M. Mitchell  
First Union Corporation  
One First Union Center, Nc0630  
Legal Division-31st Floor  
Charlotte, NC 28288-0630

ANNUAL REPORT FILING

NAME: FIRST UNION COMMERCIAL SHARED  
RESOURCES, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

RECEIVED  
02 JAN 30 PM 4:21  
DIVISION OF HEALTH  
EXAMINER'S INITIALS:  
DEPARTMENT OF HEALTH  
EXAMINER'S INITIALS:  
1115