

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30423

1. Entity Name

R. BRUCE WORLEY, INC.

Principal Place of Business

PO BOX 161506
MOBILE AL 36616-2506
US

Mailing Address

PO BOX 161506
MOBILE AL 36616-2506
US

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 63-1025667

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELVIN, JACKIE P.
356 WEST NINE MILE ROAD
PENSACOLA FL 32534

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WORLEY, R. BRUCE ☐ Delete
STREET ADDRESS 1135 HENRY CLAY AVE.
CITY-ST-ZIP NEW ORLEANS LA 70118

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME WEBER, JAY W. ☐ Delete
STREET ADDRESS 6416 TOKENEAK TRAIL
CITY-ST-ZIP MOBILE AL 36695

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME LORD, L. ELLIS ☐ Delete
STREET ADDRESS 501 CHURCH AVE.
CITY-ST-ZIP DAPHNE AL 36526

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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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jay W. Weber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAY W. WEBER, SECRETARY

3-26-2001

Date

(334) 343-8198

Daytime Phone #

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90070 009 ***158.75

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)