## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 03, 2001 8:00 am **DOCUMENT # P37605 Secretary of State** CATER REDDINGTON STAUB INC. 02-03-2001 90301 016 \*\*\*150.00 Principal Place of Business Mailing Address 3504 SEVENTH AVE., SOUTH 3504 SEVENTH AVE., SOUTH C0016585 BIRMINGHAM AL 35222 BIRMINGHAM AL 35222 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 63-1057711 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Chairman of the Brard ☐ Delete Change ☐ Addition TITLE TITLE ater, Frankm. 504 7-10 ave. South NAME NAME CATER, FRANK M. STREET ADDRESS STREET ADDRESS 3504 7TH AVE., SOUTH CITY-ST-ZIP Birmingham, QL 35222 CITY-ST-7IP BIRMINGHAM AL TITLE TITLE Delete Cater, Kenw. NAME REDDINGTON, MICHAEL NAME STREET ADDRESS 140 ave. South STREET ADDRESS 3504 7TH AVE., SOUTH CITY-ST-ZIP CITY-ST-ZIP BIRMINGHAM AL Birmingham al 35225 ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of truster 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

205-323-2373