

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **Z00344**

1. Entity Name  
**STATE STREET CONSULTANTS, L.C.**

FILED

01 APR 16 AM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**254 STATE STREET  
P. O. BOX BOX 46  
MOBILE AL 36601**

Mailing Address  
**254 STATE STREET  
P. O. BOX BOX 46  
MOBILE AL 36601**

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 **63-1049351**

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

**SENERFITT, DONALD T  
255 S ORANGE AVE  
ORLANDO FL 32801**

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

**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  
**MEM  
MILLER HAMILTON SNIDER  
254 STATE ST  
MOBILE AL** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MILLER, JOHN C. H. JR  
254 STATE ST  
MOBILE AL** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**John C. H. Miller, Jr.** **04-10-01**

Date

Daytime Phone #

Dudley, Ruland & Chateau, P.C.  
Certified Public Accountants  
6157 Airport Blvd., Suite 205 63-1033203  
Mobile, AL 36608-3147 (AC 334) 342-8762

CR2F083 (11/00)