

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00559

1. Entity Name

AMERICAN & SOUTHERN, L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN -4 PM

Principal Place of Business
11965 49TH STREET NORTH
CLEARWATER FL 34622

Mailing Address
P.O. BOX 17357
CLEARWATER FL 34622-0357

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 59-3192406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCMULLEN, PAUL M
MCMULLEN OIL CO., INC.
11965 49TH ST. N.
CLEARWATER FL 34622

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

06/04/03 01062-011 **750.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE M
NAME MCMULLEN, PAUL M.
STREET ADDRESS 11965 49TH ST. NO.
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE
NAME 1000205307 ☐ Change ☐ Addition
STREET ADDRESS 06/04/03 01062-011 **750.00
CITY-ST-ZIP

TITLE M
NAME MCMULLEN, JANET E.
STREET ADDRESS 11965 49TH ST. NO.
CITY-ST-ZIP CLEARWATER FL ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

4/28/03 (727) 573.0016

Date

Daytime Phone #

CR2E083 (10/02)

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