

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L99000009304  
**1. Entity Name**  
 FRALEIGH SALES, LLC

**FILED**  
 00 MAR 24 AM 9:48  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA  
 WR 4/4

**Principal Place of Business**  
 Rt. 3 Box 33  
 Madison, FL 32340

**Mailing Address**  
 P.O. Box 262  
 Madison, FL 32341

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**

**City & State**

**Zip** **Country** USA **Zip** **Country** USA

**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**

James L. Fraleigh  
 P.O. Box 262  
 Madison, FL 32341

**7. Name and Address of New Registered Agent**

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** *James L. Fraleigh* **DATE** 2/25/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS / MEMBERS**

**TITLE** *owner/manager*  Delete  
**NAME** *James L. Fraleigh*  
**STREET ADDRESS** *P.O. Box 262 / 307 S ERu Hedge*  
**CITY-ST-ZIP** *Madison, FL 32340*

**TITLE**  Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**10. ADDITIONS / CHANGES**

Change  Addition

**TITLE** *700003198767-5*  
**NAME**  
**STREET ADDRESS** *-04/05/00--01063--002*  
**CITY-ST-ZIP** *\*\*\*\*\*50.00 \*\*\*\*\*50.00*

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

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

**TITLE**  Change  Addition  
**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:** *James L. Fraleigh* **DATE:** 2/25/00 **Daytime Phone #:** 850-253-3854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (1/199)