

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012554
 1. Entity Name
FAIRCLOTH INDUSTRIES, LLC

FILED
 01 SEP 28 PM 3: 18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 ROUTE 20 BOX 1082 ROUTE 20 BOX 1082
 LAKE CITY FL 32055 LAKE CITY FL 32055

2. Principal Place of Business 3. Mailing Address
 RT 27 Box 2460 RT 27 Box 2460
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
 Late City FL Late City FL Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional
 32024 USA 32024 USA Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
FAIRCLOTH, DELANEY
 ROUTE 20 BOX 1082
 LAKE CITY FL 32055
 Name Faircloth, Delaney
 Street Address (P.O. Box Number is Not Acceptable)
RT 27 Box 2460
 City Late City FL Zip Code 32024

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 Delaney Faircloth DATE 8-20-01
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
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Vice-President Wendy Faircloth RT 27 Box 2460 Late City, FL 32024	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		900004618589--9 -10/01/01--01080--010-- *****58.00 *****58.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> 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 609, Florida Statutes.

SIGNATURE: Wendy Faircloth DATE: 8-20-01 PHONE: 386-362-1001

STAPLE CHECK HERE

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 CR2E083 (5/01)