

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012554

1. Entity Name

FAIRCLOTH INDUSTRIES, LLC

Principal Place of Business

ROUTE 20 BOX 1082
LAKE CITY FL 32055

Mailing Address

ROUTE 20 BOX 1082
LAKE CITY FL 32055

2. Principal Place of Business

RT 27 Box 2460

3. Mailing Address

RT 27 Box 2460

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lake City FL

City & State

Lake City FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

32024

Country

USA

Zip

32024

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAIRCLOTH, DELANEY
ROUTE 20 BOX 1082
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name Faircloth, Delaney

Street Address (P.O. Box Number is Not Acceptable)

RT 27 Box 2460

City Lake 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

(NOTE: Registered Agent signature required when reinstating)

8-20-01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Wendy Faircloth RT 27 Box 2460 Lake City, FL 32024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900004618589-9 -10/01/01-01080-010- *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 606, Florida Statutes.

SIGNATURE:

Delaney Faircloth

8-20-01 386-362-1001

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CP2E083 (5/01)

STAPLE CHECK HERE