

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0064234

DOCUMENT # L01000022293

1. Entity Name

B I HOLDING, LLC



FILED

2003 APR 21 PM 3:02

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

Mailing Address

3931 SW COLLEGE RD 10935 SE 177th PL #305
OCALA FL 34474 Summerfield FL 34491

2. Principal Place of Business

3. Mailing Address

10935 SE 177th Place

10935 SE 177th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#305

#305

City & State

City & State

Summerfield FL

Summerfield FL

Zip

Country

Zip

Country

34491

USA

34491

USA

4. FEI Number 45-1948107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIRST AMERICAN INTERNATIONAL INC

3931 SW COLLEGE RD

OCALA FL 34474

Name

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

10935 SE 177th Place #305

City

Summerfield

FL

Zip Code

34491

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME REINTJES, STEVE
STREET ADDRESS 6412 HIGH DRIVE
CITY-ST-ZIP SHAWNEE MISSION KS 66208

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100016337901
04/21/03--01008--003 **\$50.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)