2001 UNIFORM BUSINESS REPORT (L	UBI	R
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DOCUMENT: # L9500001000 1. Entity Name AMERICAN BAST FIBERS, L.C.					FILED 01 JAN 17 PM 2:09					350 A-
Principal Plac 201 8TH STR NAPLES FL 3	EET SOUTH. SUITE 200	Mailing Address 201 8TH STREET SOUTH, SUITE 200 NAPLES FL 34102			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State	e	City & State			4. FEI Number S9-3360688 Applied For Not Applicable					-
Zip	Country	Zip	Coun	try	5. Certi	ificate of Status Desired	\$5.00 Fee Re			
	6. Name and Address of Current	t Registered Agent	· · · · · · · · · · · · · · · · · · ·	· Name :	7. Nam	e and Address of New Regist	ered Agent			
BAKER, J	JOHN L IV	Management and the second			P.O. Box N	Number is Not Acceptable)	- 			-
201 8TH NAPLES I	STREET SOUTH, SUITE 200			`		· · · · · · · · · · · · · · · · · · ·				-
IVAPLES	FL 34102			City			FL Zip	Zip Code		
8. The above	named entity submits this statement f	or the purpose of changing its	registere	ed office or registere	ed agent,	or both, in the State of Florida.				-
SIGNATURE .						,				
	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registere	d Agent signature required	when reinstat	-01/23/0	₩ ₽ ₽]U1U5	1	002	-
	•	· ·		FEE IS \$50.00 o Department of	State	****100	.00 **	***	50.00	
9.	MANAGING MEME	BERS/MEMBERS	10.	 		ADDITIONS/CHA	NGES			-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAKER, JOHN L 5845 22ND AVENUE, S.W. NAPLES FL 33940	· · Delete	•	1			☐ Ch	ange	Addition	R2E083 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Deiete					☐ Ch	ange	☐ Addition	CRS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete			.		☐ Ch	ange	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		į.		W	☐ Ch	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete					□ Ch	ange	☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			,		☐ Ch	ange	Addition	
indicated	certify that the information supplied with on this report is true and accurate and billity company or the receiver or truster.	d that my signature shall have	the same report as	e legal effect as if m	ade unde er 608, Flo	r oath; that I am a managing n		anager		