

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002567

1. Entity Name
BALEST, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 13 AM 11:45

Principal Place of Business
19931 NORTH RIVER ROAD
ALVA FL 33920

Mailing Address
19931 NORTH RIVER ROAD
ALVA FL 33920-3338



2. Principal Place of Business
1202 Gary Ave
Suite, Apt. #, etc.

3. Mailing Address
1202 Gary Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

MJH

City & State
Ellenton, FL
Zip
34222
Country

City & State
Ellenton, FL
Zip
34222
Country

4. FEI Number 65-0881316

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, ARTHUR L
19931 NORTH RIVER ROAD
ALVA FL 33920

7. Name and Address of New Registered Agent

Name Arthur L. Elliott
Street Address (P.O. Box Number is Not Acceptable)
1202 Gary Ave.
City Ellenton FL Zip Code 34222

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 Arthur Elliott 1/7/00
(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	MGR	<input type="checkbox"/> Delete
NAME	ELLIOTT, ARTHUR L	
STREET ADDRESS	19931 NORTH RIVER ROAD	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SEYBOLD, ROBERT F JR	
STREET ADDRESS	2417 CRESCENT COURT EAST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arthur Elliott	
STREET ADDRESS	2111 Zipperer Rd.	
CITY-ST-ZIP	Bradenton, FL 34202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Arthur Elliott 1/7/00 941-721-3646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #