

2001 UNIFORM BUSINESS REPORT (UBR)

0032744 SP

DOCUMENT # L98000002567

1. Entity Name
BALEST, L.C.

FILED

01 JAN 17 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1202 GARY AVE.
ELLENTON FL 34222

Mailing Address

1202 GARY AVE.
ELLENTON FL 34222

2. Principal Place of Business

~~1202 Gary Ave~~
Suite, Apt. #, etc.

3. Mailing Address

~~1202 Gary Ave~~
Suite, Apt. #, etc.

City & State

~~Ellenton, FL~~

City & State

~~Ellenton, FL~~

Zip

Country

Zip

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
1202 GARY AVE.
ELLENTON FL 34222

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME ELLIOTT, ARTHUR
STREET ADDRESS 2111 ZIPPERER RD.
CITY-ST-ZIP BRADENTON FL 34202 ☐ Delete

TITLE MGR
NAME SEYBOLD, ROBERT F JR
STREET ADDRESS 2417 CRESCENT COURT EAST
CITY-ST-ZIP BRADENTON FL 34208 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700003582647-1
-01/26/01--01149--03
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE:

[Signature] SIGNATURE REQUIRED

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

Date

Daytime Phone #

1/18/01

941-721-3646

CR2E083 (11/00)