

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0013468 AF

DOCUMENT # L99000001495

1. Entity Name

NORTH BUSCH COMPANY, L.C.

00 MAY -3 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O WOODBINE GROUP
1030 EAST GENESEE STREET
SYRACUSE NY 13210

Mailing Address

C/O WOODBINE GROUP
1030 EAST GENESEE STREET
SYRACUSE NY 13202-1943

2. Principal Place of Business

3. Mailing Address

505 E Fayette ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SYRACUSE NY

Zip

Country

Zip

Country

13202

U.S.A.

4. FEI Number

58-2474430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AINSLEY SUPERIOR WAREHOUSE - FLORIDA INC.
1063 CANADA DRIVE, EMSON INTERNATIONAL IND
USTRIAL PARK
JACKSONVILLE FL 32218

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

10. ADDITIONS / CHANGES

TITLE NAME MGR
STREET ADDRESS AINSLEY SUPERIOR WAREHOUSE FLORIDA INC.
CITY- ST- ZIP 10643 CANADA DRIVE
JACKSONVILLE FL 32218

☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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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 606, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

man is swaness 4/6/00 315-471-7403

CR2E083 (9/99)