

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005831

1. Entity Name

BAINTON INDUSTRIES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 14 AM 10: 02

Principal Place of Business

292 FAN PALM DRIVE
C/O DON BANTON
BOCA RATON FL 33432

Mailing Address

292 FAN PALM DRIVE
C/O DON BANTON
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0956405

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

SMITH, BILL T JR.
C/O BILL T. SMITH, JR., P.A.
980 N. FEDERAL HIGHWAY, SUITE 402
BOCA RATON FL 33432

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)

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

000003371100-4
-08/23/00--01098--021
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BAINTON, DONALD J
292 FAN PALM DRIVE
BOCA RATON FL 33432 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BAINTON, AILEEN M
292 FAN PALM DRIVE
BOCA RATON FL 33432 ☐ Delete

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

TITLE
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☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

8/1/00 954-578-1447

CR2E083 (5/00)