

# 2001 UNIFORM BUSINESS REPORT (UBR)

0030446 AB

DOCUMENT # M00000001668

1. Entity Name

FLINT FACILITIES MAINTENANCE, LLC

FILED

01 APR -9 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1067 LL REVELL RD  
MANCHESTER GA 31816

Mailing Address

1067 LL REVELL RD  
MANCHESTER GA 31816

2. Principal Place of Business

3. Mailing Address

P. O. Box 323

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Manchester, GA

4. FEI Number

58-2458434

Applied For

Not Applicable

Zip

Country

Zip

31816

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 *mgs* Larry L. Bishop ☐ Delete  
NAME  
STREET ADDRESS 1067 LL Revell Road  
CITY-ST-ZIP Manchester, GA 31816

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

TITLE *mgs* Robert S. Bishop ☐ Delete  
NAME  
STREET ADDRESS 292 Melvin Harris Road  
CITY-ST-ZIP Manchester, GA 31816

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

TITLE *mgs* Asa Lee Swetnam ☐ Delete  
NAME  
STREET ADDRESS P. O. Box 1168  
CITY-ST-ZIP Bentonville, AR 72712

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

TITLE *mgs* William L. Hardaway ☐ Delete  
NAME  
STREET ADDRESS Rt. 1, Box 170  
CITY-ST-ZIP Woodland, GA 31836

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

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

Date

Daytime Phone #

Larry L. Bishop, Member 3/21/01 708/846-3114

CR2E083 (11/00)