

2001 UNIFORM BUSINESS REPORT (UBR)

0023878 AF

DOCUMENT # M00000002434

1. Entity Name
VACUUMS UNLIMITED LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR 19 PM 2:44

Principal Place of Business
% BILL E. BATES
4115 TREADUR BAY LANE
NORCROSS GA 30092

Mailing Address
% BILL E. BATES
4115 TREADUR BAY LANE
NORCROSS GA 30092



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 62-1793690

Applied For
Not Applicable

Zip

Country

Zip

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

HAMILTON, JOHN W
1808 W. INTERNATIONAL SPEEDWAY, STE. 204
DAYTONA FL 32114

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
STREET ADDRESS
CITY-ST-ZIP
MGR
HAMILTON, JIM
923 ASHBROOKE WAY
KNOXVILLE TN 37923 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003929634-4
-03/29/01--01078--009
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Bill E. Bates (BILL E. BATES)

3/15/01

770-582-9737

CR2E083 (11/00)