

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000000917

1. Entity Name

BENEFICIATION TECHNOLOGIES, LLC

Principal Place of Business

5925 IMPERIAL PKWY, STE 105
MULBERRY FL 33860-7621

Mailing Address

5925 IMPERIAL PKWY, STE 105
MULBERRY FL 33860-7621

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

DEPARTMENT OF STATE

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3489096

Applied For

Not Applicable

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

BROOKS, GEORGE C
5925 IMPERIAL PKWY, STE 105
MULBERRY FL 33860-7621

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BROOKS, GEORGE
5925 IMPERIAL PKWY, STE 105
MULBERRY FL 33860-7621 ☐ Delete

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

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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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:

George C Brooks
SIGNATURE REQUIRED
GEORGE C BROOKS

1/7/02

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

Date

Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90019 024 ****50.00

902177



DO NOT WRITE IN THIS SPACE

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CR2E083 (9/01)