## 2000 UNIFORM BUSINESS REPORT (UBR)

## M99000001198. DOCUMENT # 1. Entity Name DO MAY -5 PH 12: 24 BIBLE FACTORY OUTLET, LLC SECRETARY OF STATE Principal Place of Business Mailing Address 688 AL HIGHWAY 75 NORTH 688 AL HIGHWAY 75 NORTH ALBERTVILLE AL 35951-3842 ALBERTVILLE AL 35951 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 63-1142592 Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LATHAM, BRIC Street Address (P.O. Box Number is Not Acceptable) 5401 WEST OAKRIDGE RD MALL I SPACE 95-A ORLANDO FL 32819 Zip Code FL 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 MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 10. Addition MGR ☐ Delete TITLE TITLE LATHAM, BRIC NAME MAME 790 COUNTY RD 198 STREET ADDRESS STREET ADDRESS **BOAZ AL** CITY- ST- ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Dedete TITLE TITLE GREENWOOD, SAM MARKE NAME STREET ADDRESS **501 ELIZABETH STREET** STREET ANDRESS 400003273594 CITY- ST- 7/P CITY-ST-ZIP BOAZ AL <del>-01050</del> <del>06/01/00</del>-TITLE TITLE \*\*\*\*\*50:00 MAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- 7IP Addition TITLE ☐ Delete TITLE MARKE MAME STREET ADDRESS STREET ADDRESS ALC MILL CITY- ST- ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ... Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZEP CITY# ST- ZIP Change ☐ Addition Ш .... Delete TITLE MAME need STREET ADDRESS STREET ADDRESS

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

CITY-ST-71P

CITY-8T-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.

256) 878-4419

APPROVED