

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90080 009 ****50.00

DOCUMENT # M99000001198

1. Entity Name
BIBLE FACTORY OUTLET, LLC



Principal Place of Business

**5401 W OAKRIDGE ROAD
SUITE 39
ORLANDO FL 32819**

Mailing Address

**688 AL HIGHWAY 75 NORTH
ALBERTVILLE AL 35951**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

6325 US Hwy 431 South

Suite, Apt. #, etc.

City & State

Albertville, AL

Zip

35950

Country

US

4. FEI Number **63-1142592**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMMONS, BILL
5401 W OAKRIDGE ROAD
SUITE 39
ORLANDO FL 32819**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SIMMONS, BILL
688 AL HWY 75 N
ALBERTVILLE AL 35951**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**6325 US Hwy 431 South
Albertville, AL 35950**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GREENWOOD, SAM
501 ELIZABETH STREET
BOAZ AL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Delete

TITLE
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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 REQUIRED** **Bill Simmons**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/17/03

Date

252-878-4419

Daytime Phone #

CR2E083 (10/02)