

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90021 048 \*\*\*150.00

**DOCUMENT # P99000052985**

1. Entity Name  
**AINSLEY BINNICKER, INC.**

Principal Place of Business      Mailing Address  
**11810 NW 5TH STREET**      **11810 NW 5TH STREET**  
**PLANTATION FL 33325**      **PLANTATION FL 33325-1808**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0929081		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>BINNICKER, WILLIAM F</b> <b>11810 NW 5TH STREET</b> <b>PLANTATION FL 33325</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	President
STREET ADDRESS		STREET ADDRESS	William F Binnicker Jr
CITY-ST-ZIP		CITY-ST-ZIP	11810 NW 5th St Plantation FL 33325
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Vice President
STREET ADDRESS		STREET ADDRESS	Bonnie B Binnicker
CITY-ST-ZIP		CITY-ST-ZIP	11810 NW 5th St Plantation FL 33325
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Secretary
STREET ADDRESS		STREET ADDRESS	William Binnicker
CITY-ST-ZIP		CITY-ST-ZIP	11810 NW 5th St Plantation FL 33325
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Treasurer
STREET ADDRESS		STREET ADDRESS	Bonnie B Binnicker
CITY-ST-ZIP		CITY-ST-ZIP	11810 NW 5th St Plantation FL 33325
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** William F Binnicker, Jr. Pres      Date: 3-26-00      Daytime Phone #: 561486770