2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90387 037 ***150.00

DOCUMENT # P99000052985

1. Entity Name
AINSLEY BINNICKER, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1897 Gallop DR.	1897 Gallop DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Loxahatchee Fl	City & State: Loxahatchee FL
Zip: 33470 Country: USA	Zip: 33470 Country: USA

4. FEI Number 65-0929081 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BINNICKER, WILLIAM F 11810 NW 5TH STREET PLANTATION FL 33325	Name: BINNICKER William F Street Address (P.O. Box Number is Not Acceptable): 1897 Gallop DR City: Loxahatchee FL Zip Code: 33470

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: William F Binnicker 4-30-01
Signature, typed or printed name of registered agent and title if applicable. (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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BINNICKER, WILLIAM JR 11810 NW 5TH ST PLANTATION FL 33325 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Binnicker, William JR 1897 Gallop DR Loxahatchee Fl 33470 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BINNICKER, BONNIE B 11810 NW 5TH ST PLANTATION FL 33325 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Binnicker, Bonnie B 1897 Gallop DR Loxahatchee Fl 33470 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BINNICKER, WILLIAM 11810 NW 5TH ST PLANTATION FL 33325 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Binnicker, William 1897 Gallop DR Loxahatchee Fl 33470 ☑ Change ☐ Addition
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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 Pres. 4-30-01 561 4886 720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)