

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052985

1. Entity Name
AINSLEY BINNICKER, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90387 037 ***150.00

Principal Place of Business

11810 NW 5TH STREET
PLANTATION FL 33325

Mailing Address

11810 NW 5TH STREET
PLANTATION FL 33325

2. Principal Place of Business

1817 Gallop DR.
Suite, Apt. #, etc.

3. Mailing Address

1817 Gallop DR
Suite, Apt. #, etc.

City & State

Loxahatchee FL
Zip 33470 Country USA

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Loxahatchee FL
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

BINNICKER, WILLIAM F
11810 NW 5TH STREET
PLANTATION FL 33325

7. Name and Address of New Registered Agent

Name BINNICKER William F
Street Address (P.O. Box Number is Not Acceptable)
1817 Gallop DR
City Loxahatchee FL Zip 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 Binnickor*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-01

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BINNICKER, WILLIAM JR	
STREET ADDRESS	11810 NW 5TH ST	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BINNICKER, BONNIE B	
STREET ADDRESS	11810 NW 5TH ST	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	S	<input type="checkbox"/> Delete
NAME	BINNICKER, WILLIAM	
STREET ADDRESS	11810 NW 5TH ST	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	T	<input type="checkbox"/> Delete
NAME	BINNICKER, BONNIE B	
STREET ADDRESS	11810 NW 5TH ST	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	BINNICKER, WILLIAM JR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1817 Gallop DR	
STREET ADDRESS	Loxahatchee FL 33470	
CITY-ST-ZIP		
TITLE	BINNICKER, BONNIE B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1817 Gallop DR	
STREET ADDRESS	Loxahatchee FL 33470	
CITY-ST-ZIP		
TITLE	BINNICKER, WILLIAM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1817 Gallop DR	
STREET ADDRESS	Loxahatchee FL 33470	
CITY-ST-ZIP		
TITLE	BINNICKER, BONNIE B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1817 Gallop DR	
STREET ADDRESS	Loxahatchee FL 33470	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)