

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90062 014 \*\*\*150.00

DOCUMENT # P99000052985 ✓

1. Entity Name  
**Ainsley Binnicker Inc**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1897 Gallop Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**1897 Gallop Dr**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Loxahatchee, FL**

Zip  
**33470**

Country  
**USA**

City & State  
**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**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**William Binnicker**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Bonnie B Binnicker</b> <b>1897 Gallop Dr Loxahatchee Fl 33470</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>William F Binnicker Jr</b> <b>1897 gallop Dr Loxahatchee Fl 33470</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Bonnie B Binnicker</b> <b>1897 Gallop Dr Loxahatchee, Fl 33470</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>William F Binnicker Jr</b> <b>1897 Gallop Dr Loxahatchee, Fl 33470</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **William F Binnicker Jr VP** 5614886720  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #