2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 MAR 29 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002459

1. Entity Name
BONZ LIMITED COMPANY

Principal Place of Business	Mailing Address
7019 CENTRAL AVENUE ST PETERSBURG FL 33710-7559	450 TREASURE ISLAND CAUSEWAY, APT #611 TREASURE ISLAND FL 33706-1138

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3556957 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BONSEY, MARY ANN 450 TREASURE ISLAND CAUSEWAY, APT #611 TREASURE ISLAND FL 33706	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 ______ 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 Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BONSEY, MARY ANN 450 TREASURE ISLAND CAUSEWAY, APT #611 TREASURE ISLAND FL 33706 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500003212925--1 -04/18/00--01080--013 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARMISTEAD, MICHAEL D 450 TREASURE ISLAND CAUSEWAY, APT #611 TREASURE ISLAND FL 33706 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 Mary Ann Bonsey 3-21-00 727-367-8448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR2E083 (9/99)