

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

051763

DOCUMENT # P0000081275

1. Entity Name
BLOOMINGDALE BUSINESS SERVICES, INC.

05-23-2001 90479 001 ***300.00

Principal Place of Business Mailing Address
605 W. BLOOMINGDALE AVE., #D **513 FIREFLY LANE**
BRANDON FL 33511 **APOLLO BEACH FL 33572**

73456



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. # etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3666122** Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BICHARD, KELLY M
513 FIREFLY LANE
APOLLO BEACH FL 33572

7. Name and Address of New Registered Agent

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOT: 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)

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	DP	<input type="checkbox"/> Delete
NAME	BICHARD, KELLY M	
STREET ADDRESS	513 FIREFLY LANE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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 empowerments.

SIGNATURE: *Kelly M Bichard Prs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 813 662 9696
Date Daytime Phone #

CR2E034 (10/00)

Attachment

Dear Mr Harris:

Doc#s P97000079206
P00000081275
73454/73450

I respectfully request that
you accept my late filing of my
(2) two Corp.

I'm a tax preparer. I'm also now
dealing with colon cancer treatments.
I did not willfully neglect the
responsibility, and as soon as
I recognized this oversight
I immediately mailed in UBR's &
fees.

I would very much appreciate your
considering accepting my filings
as timely.

Thank you for your assistance

Sincerely
Kelly M. Bickard

\$ 317.50 enclosed
P97000079206
P00000081275
Plus Cert. of Status