

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90190 005 ****50.00

DOCUMENT # L99000004259

1. Entity Name

BLOOMINGDALE INTERNATIONAL, LLC

Principal Place of Business

**C/O JACK O. HACKETT II, ESQ.
115 W OLYMPIA AVE P.O. DRAWER 511447
PUNTA GORDA FL 33951**

Mailing Address

**C/O JACK O. HACKETT II, ESQ.
115 W OLYMPIA AVE P.O. DRAWER 511447
PUNTA GORDA FL 33951**

2. Principal Place of Business

c/o Jack O. Hackett II, Esq.

Suite, Apt. #, etc.

P.O. Drawer 511447**City & State
Punta Gorda, FL 33951-1447****Zip Country**

3. Mailing Address

c/o Jack O. Hackett II Esq.

Suite, Apt. #, etc.

P.O. Drawer 511447**City & State
Punda Gorda, FL 33951-1447****Zip Country**

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0941583

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$5.00 Additional
Fee Required****6. Name and Address of Current Registered Agent****HACKETT, JACK O II
FARR LAW FIRM
115 W OLYMPIA AVE
PUNTA GORDA FL 33950****7. Name and Address of New Registered Agent**

Name

Jack O. Hackett II, Esq.

Street Address (P.O. Box Number is Not Acceptable)

99 Nesbit Street**City
Punta Gorda****FL****Zip Code
33950**

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
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS****TITLE MGRM ☐ Delete
NAME JOHN, PAUL P
STREET ADDRESS 3329 W BEARSS AVE
CITY-ST-ZIP TAMPA FL 33618****TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP****10. ADDITIONS/CHANGES****TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**

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****4/15/2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)