

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003225

1. Entity Name

BOTTOMLINE INK, FLORIDA, LLC

Principal Place of Business

6500 N.W. 21ST AVENUE, SUITE 6
FORT LAUDERDALE FL 33309

Mailing Address

6500 N.W. 21ST AVENUE, SUITE 6
FORT LAUDERDALE FL 33309

2. Principal Place of Business

6500 NW 21st Ave, Suite 8

3. Mailing Address

6500 NW 21st Ave

Suite, Apt. #, etc.

Ft. Lauderdale, FL

Suite, Apt. #, etc.

Suite # 8

City & State

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

Zip

33309

Country

USA

6. Name and Address of Current Registered Agent

DAVISON, RICHARD K

2400 N. ATLANTIC BLVD.

FORT LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name

Davison, Richard K.

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

6500 NW 21st Ave - Ste 8

City

Ft. Lauderdale

FL

Zip Code

33309

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

4-20-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

800004418678--3

-06/14/01--01003--006

*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Richard K. Davison, manager
6500 NW 21st Ave, Ste 8
Ft. Lauderdale FL 33309

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

Date

Daytime Phone #

4-20-01 954-8612001

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CR2E083 (11/00)

FILED

01 MAY 16 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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