

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 26 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000011425

1. Entity Name
BULK LLC

Principal Place of Business

4604 WEST BEACH PARK DRIVE
TAMPA FL 33609

Mailing Address

4604 WEST BEACH PARK DRIVE
TAMPA FL 33609

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

36-4395212

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BABBITT, GORDON
4604 WEST BEACH PARK DRIVE
TAMPA FL 33609

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

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

TITLE NAME *BABBITT, GORDON* ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME *MANAGING MEMBER BABBITT, GORDON* ☐ Change ☒ Addition
STREET ADDRESS *4604 WEST BEACH PARK DRIVE*
CITY-ST-ZIP *TAMPA, FL 33609*

TITLE NAME *MEMBER* ☐ Change ☒ Addition
STREET ADDRESS *THE BULK COMPANIES INC.,*
CITY-ST-ZIP *3106 CENTRAL DRIVE PLANT CITY, FL 33567*

TITLE NAME *PRESIDENT* ☐ Change ☒ Addition
STREET ADDRESS *TAYLOR, TERRANCE N.*
CITY-ST-ZIP *15923 ELLSWORTH DRIVE TAMPA, FL 33647*

TITLE NAME *7000004191677-9* ☐ Change ☐ Addition
STREET ADDRESS *-05/09/01--01123--005*
CITY-ST-ZIP ******50.00 *****50.00*

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: *TERRANCE N TAYLOR* 4/23/01 (813) 857-4007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)