

# 2002 UNIFORM BUSINESS REPORT (UBR)

0013204

DOCUMENT # L00000014054

1. Entity Name  
**SHOPPER'S BAZAAR, L.L.C.**

FILED

2003 JAN 13 PM 12: 02

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3904 52ND DRIVE WEST  
BRADENTON FL 34210

3904 52ND DRIVE WEST  
BRADENTON FL 34210

2. Principal Place of Business

13352 N. Cleveland Blvd

3. Mailing Address

Shopper's Bazaar LLC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N. 7th Myers

4520 30th Ave. E.

City & State

City & State

Bradenton FL

Bradenton FL

Zip

33903

Country

USA

Zip

34208

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**

65-1053339

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

SCHNEIDER, TERRY W  
3904 52ND DRIVE WEST  
BRADENTON FL 34210

Name

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

4520 30th Ave E.

City

Bradenton

FL

Zip Code

34208

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M SCHNEIDER, TERRY W 3904 52ND DRIVE WEST BRADENTON FL 34210	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR K STILGER, KENNETH 3464 POPLAR LEVEL ROAD LOUISVILLE KY 40203	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHNEIDER, MARGARET W 3904 5ND DRIVE WEST BRADENTON FL 34210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M Terry W. Schneider 4520 30th Ave. E. Bradenton, FL 34208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Kenneth Stilger 3464 Poplar Level Rd Louisville, KY 40203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900009209689 11/25/02--01089--009 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900009209689 01/13/03--01094--012 **100.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2002	<input type="checkbox"/> Change <input type="checkbox"/> 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]*

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

Date

11-5-02

Daytime Phone #

941-713-0933

CR2E083 (4/02)