

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014405

1. Entity Name

BLOOMEN INTERNATIONAL, LLC

FILED

01 APR 30 PM 6:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2414 BEE RIDGE ROAD
SARASOTA FL 34239

Mailing Address

2414 BEE RIDGE ROAD
SARASOTA FL 34239

2. Principal Place of Business

17210 Toledo Blade Blvd.

3. Mailing Address

17210 Toledo Blade Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte, Florida

City & State

Port Charlotte, Florida

Zip

33952

Country

USA

Zip

33952

Country

USA

4. FEI Number

65-1056523

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VOIGT, STEPHEN F
2414 BEE RIDGE ROAD
SARASOTA FL 34239

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
STREET ADDRESS
CITY-ST-ZIP
MGRM
REEVES, DAVID L
6546 TARAWA DRIVE
SARASOTA FL 34241

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4360 Point Court
port charlotte, Florida 33948

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9000004218099-3
-05/15/01--01110--022

☐ Change ☐ Addition

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 #

4-25-01 941-624-5615

CR2E083 (11/00)