

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.

DO NOT WRITE IN THIS SPACE

City & State

Port Charlotte, Florida

City & State

Port Charlotte, Florida

4. FEI Number

65-1056523

Applied For

Not Applicable

Zip

33952

Country

USA

Zip

33952

Country

USA

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

10. ADDITIONS/CHANGES

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

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS: 900004218099--3
CITY-ST-ZIP: -05/15/01--01110--022

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS: *****55.00 *****55.00
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: Delete
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-25-01 941-624-5615

Date

Daytime Phone #

CR2E083 (11/00)

0022410 AF