

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1072

DOCUMENT # **LD2000000792**

1. Entity Name

**BOTTOM-LINE INTERNATIONAL LIMITED
COMPANY**



FILED
Nov 12, 2003 8:00 A.M.
Secretary of State

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

122 HOLLY HOCK DR

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 150549

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS

City & State

ALTAMONTE SPRINGS, FLORIDA

4. FEI Number

810555239

Applied For

Not Applicable

Zip

Country

FL 32701

USA

Zip

Country

FL 32715-0549

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NORMAN S MOSS

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

4781 S. ORANGE AVENUE

City

ORLANDO

FL

Zip Code

32806

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

MANAGING MEMBER
CHARLES M KIMERIA
122 HOLLY HOCK DR
ALTAMONTE SPRINGS FL 32701

000024897480
11/21/03--01003--030 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11/12
ust

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:

CHARLES M. KIMERIA

11/07/03

(407) 767-2404

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

Date

Daytime Phone #

CR2E083B (12/02)

BOTTOM-LINE INTERNATIONAL LIMITED COMPANY,

P.O BOX 150549
ALTAMONTE SPRINGS,
FLORIDA 32701.

NOV 7TH, 2003

THE FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS,
P.O. BOX 6327,
TALLAHASSEE, FLORIDA 32314

ATT: MARSHA THOMAS.

SUBJECT: RE. NUMBER L02000006792

I am in receipt of your letter number: 103A00042592 and copies of your other letters under re:103A00035626 that did not reach me. I am sorry for the delay which occurred due to the fact of the said letters not effectively reaching me on time. I have also been overseas for the most part of this second half of the year. I have been in touch with your office and explained all these to Michele, who advised me to go ahead and submit the new form and a new check for your attention. I therefore have the please in submitting the new form, a check for \$50.00 and copies of the letters under reference.

I take this opportunity to mention that our address has not changed. Your letters have been going to the lawyer who originally filed our registration papers. Please forward future correspondence to us thro' the above address or the physical address on the UNIFORM BUSINESS REPORT.

Yours truly,


Charles Kimeria
MGRM

FILED
03 NOV 15 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA