## 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED DOCUMENT # L99000002675 1. Entity Name 00 MAY 17 PM 12: 31 BLS, L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Making Address 15700 GULF BOULEVARD 15700 GULF BOULEVARD REDINGTON BEACH FL 33708-1732 REDINGTON BEACH FL 33708 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Country \$5,00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATEL MOORE & O'CONOR, P.A. Street Address (P.O. Box Number is Not Acceptable) 2240 BELLEAIR ROAD, SUITE 160 **CLEARWATER FL 33764** Zip Code City FL 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 (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MEMBERS 10. Addition MGR TITLE ☐ Change Detecto TITLE NAME BLIMPIE HOLDING CORPORATION NAME 200003287402--STREET ADDRESS 15700 GULF BOULEVARD STREET ADDRESS -06/13/00--01079--001 CITY-ST-ZIP CITY- &T-ZIP REDINGTON BEACH FL 33708 \*\*\*\*\*50.00 - \*\*\*\*\*50 Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- 71P CITY- ST-ZIP Addition Change Delete RAME, TOTAL A STREET ADDRESS STREET ADDRESS CITY-\$1-71P CITY-ST-ZIP Addition Change TITLE Detete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP TITLE \_\_ Delete ■ Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Dedoto TITLE NAME HAME STREET ADDRESS STREET ARDRESS CITY-8T-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 by the receiver or true of appropriate the receiver or true of appropriate the receiver of the propriate that I am a managing member or manager of the red to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: