3-2-01 941-334-1353 Date Daytime Phone #

2001	UNIFORM	BUSINESS	REPORT	(UBR
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SIGNATURE: SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

BLONDE AMBITTION, LLC. SCIENTIFIC PROPERTY AND SUBJECT STREET FLAMERS FL. 33902 3. Mailing Address Subject ADAD N. FLAMERS FL. 33902 3. Mailing Address Subject ADAD N. FLAMERS FL. 33902 3. Mailing Address Subject ADAD N. FLAMERS FL. 33902 3. Mailing Address Subject ADAD N. FLAMERS FL. 33902 3. Mailing Address Subject ADAD N. FLAMERS FL. 33902 3. Mailing Address Subject ADAD N. FLAMERS FL. 33902 3. Mailing Address Subject ADAD N. FLAMERS FL. 33902 3. Mailing Address Subject ADAD N. FLAMERS FL. 33902 3. Mailing Address Subject ADAD N. FLAMERS FL. 33902 3. Mailing Address Subject ADAD N. FLAMERS FL. 33902 3. Mailing Address Subject ADAD N. FLAMERS FL. 33902 3. Mailing Address Subject ADAD N. FLAMERS FL. 33902 3. Mailing Address Subject ADAD N. FLAMERS FL. 33902 3. Mailing Address Fl. 33902 3. Mailing Address Subject ADAD N. FLAMERS FL. 33902 3. Mailing Address Fl. 33902 3. Maili		MENT # L9900	00003291			Ell ED'		•	ō
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R. FILINERS FL 35902 2. Principal Place of Business 3. Malling Address Suite. Apt. #. etc. City & State City	Principal Plac	ce of Business	Mailing Address	•	٠.	OI MAR - I PH 4	_		
2. Principal Place of Business 3. Mailing Address Suto, Apt #, etc. Do Not Writtle in This SPACE City & State City & State City & State City & State 4. FEI Number 59-2965816 Not Applicable 59-2965816 Not Applicable 59-2065816 State City FL Zip Code City FL Zip Code City FL Zip Code Street Address (PO, Box Number is Not Acceptable) City FL Zip Code Street Address (PO, Box Number is Not Acceptable) FILMYERS FL 33901 City FL Zip Code Street Address (PO, Box Number is Not Acceptable) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Signature, peace or printed ream of registered apport, application of State North Applicable Applic							***		
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Country Zip Country S,	City & Stat	e	City & State	•	4. FEI			·	7
Singlet Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature: City FL Zip Code	Zip	Country	Zip	Country	5. Ceri		\$5.00 Add	fitional	1
Normal Name Street Address (P.O. Box Number is Not Acceptable) 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS (MEMBERS MEMBERS	<u>.</u>	6. Name and Address of Curren	t Registered Agent	<u> </u>				d	-
2017 MONROE STREET FT.MYERS FL 33901 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, byteou or priced name of registered agent and see Y applicable. (NOTE, Registered Agent agent and deep registered agent and see Y applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES TITLE MAKE SIREET ADDRESS OTTY-ST-2P TITLE MAKE SIREET ADDRESS OTTY-ST-2P TITLE Delete TITLE Delete TITLE Delete TITLE MAKE SIREET ADDRESS OTTY-ST-2P TITLE Delete TITLE Delete TITLE MAKE SIREET ADDRESS OTTY-ST-2P TITLE MAKE MAKE SIREET ADDRESS OTTY-ST-2P TITLE SIRET ADDRESS OTTY-ST-2P TITLE SIRET ADDRESS OTTY-ST-2P TITLE SIRET ADDRESS OTTY-ST-2P TITLE	•		* * * · :	. Name				-	1-
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Make Check Payable to Department of State 9.	SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NC	TE: Registered Agent sign	nature required when reinsta	ting) DA	re		
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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 accordate 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 received or trustee empowered to execute this report as required by Chapter 608. Florida Statutes	CITY-ST-ZIP								
	11. I hereby of indicated limited limited	certify that the information supplied wit on this report is true and scor ate and shilly company or the recovery or trusts	th this filing does not qualify for that my signature shall have a emnowered to execute this	or the exemption s	tated in Section 119 fect as if made under the Chapter 608 FI	.07(3)(i), Florida Statutes. I further er oath; that I am a managing mei orida Statutes	certify that the ir mber or manage	nformation r of the	