

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003322

1. Entity Name

MY BLUEPRINTER, L.L.C.

FILED

01 JAN 19 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1450 AIRPORT ROAD NORTH, SUITE B
NAPLES FL 34104

Mailing Address
1450 AIRPORT ROAD NORTH, SUITE B
NAPLES FL 34104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3580187

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, TONIA M
1450 AIRPORT ROAD NORTH, SUITE B
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name TONIA M. Lykins

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

SAME

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

Tonia M. Lykins

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-12-00

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
WALKER, TONIA M
STREET ADDRESS 3557 KENT DR.
CITY-ST-ZIP NAPLES FL 34112 ☐ Delete

TITLE NAME MGRM
KERSEY, LAURA J
STREET ADDRESS 1302 WOODRIDGE AVE.
CITY-ST-ZIP NAPLES FL 34103 ☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME MGRM
Lykins, TONIA M
STREET ADDRESS 3557 KENT DR
CITY-ST-ZIP NAPLES, FL 34112 ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS 200003576222-6
CITY-ST-ZIP -01/26/01--01040--016
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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

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:

Tonia M. Lykins

SIGNATURE REQUIRED

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

1-12-00

Date

941-262-7400

Daytime Phone #

CR2E083 (11/00)