

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90209 019 ****50.00

DOCUMENT # L99000005254

1. Entity Name

KLONDIKE INTERNATIONAL, LLC

Principal Place of Business

**1508 S.W. 57TH TERRACE
 CAPE CORAL FL 33914**

Mailing Address

**1508 S.W. 57TH TERRACE
 CAPE CORAL FL 33914**

2. Principal Place of Business

6900-29 Daniels Parkway

Suite, Apt. #, etc.

PMB 173

City & State

Fort Meyers, FL

Zip

33912

Country

3. Mailing Address

6900-29 Daniels Parkway

Suite, Apt. #, etc.

PMB 173

City & State

Fort Meyers, FL

Zip

33912

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0946673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JONATHAN J. LIGHTMAN, P.A.
 SANCUARY CENTRE
 4800 N FEDERAL HWY SUITE D-100
 BOCA RATON FL 33431**

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, 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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **ERHARD, ANDREA**
 STREET ADDRESS **1508 S.W. 57TH TERRACE**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6900-29 Daniels Parkway PMB 173**
 CITY-ST-ZIP **Fort Meyers, FL 33912**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-29-02

Date

Daytime Phone #

CR2E083 (9/01)