

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012267 AF

DOCUMENT # L99000007791

1. Entity Name  
BEDBARGAINS.COM, LLC

FILED

01 JAN 29 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
4499 SOUTHWEST 37TH AVENUE  
FORT LAUDERDALE FL 33312

Mailing Address  
4499 SOUTHWEST 37TH AVENUE  
FORT LAUDERDALE FL 33312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number NOT APPLICABLE

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

7. Name and Address of New Registered Agent

SINGER, BERNARD A ESQ.  
4925 SHERIDAN STREET, SUITE A  
HOLLYWOOD FL 33021

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 *Randy Countryman, Pres. Randy Countryman, Pres. 01/23/01*

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

(NOTE: Registered Agent signature required when registering)

DATE

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

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE  
NAME MGR  
STREET ADDRESS COUNTRYMAN, RANDY  
CITY-ST-ZIP 4499 S.W. 37TH AVENUE  
FT. LAUDERDALE FL 33312 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 100003656961 ☐ Change ☐ Addition  
CITY-ST-ZIP -02/08/01--01010--020  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS ☐ Change ☐ Addition  
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

Date

Daytime Phone #

CR2E083 (11/00)