

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008862

1. Entity Name  
BRENDA CHINN, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 30 PM 1:29

*mf*

Principal Place of Business Mailing Address  
MIX-A-LOTA STUFF 3701 66th WAY N  
LLC ST. PETERSBURG, FL  
33710

2. Principal Place of Business 3. Mailing Address  
BRENDA CHINN LLC 3701 66th WAY N  
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number  
ST. PETERSBURG FL 33710 APPLIED FOR. ☒ Applied For  
Zip Country Zip Country ☐ Not Applicable  
33710 PINELLAS 33710 PINELLAS

6. Name and Address of Current Registered Agent 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 Brenda Chinn 4-24-2000  
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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE <u>mgrm</u> NAME STREET ADDRESS CITY - ST - ZIP	<u>BRENDA CHINN LLC</u> <input type="checkbox"/> Delete <u>3701 66th WAY N</u> <u>ST PETERSBURG, FL 33710</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u>MGR</u> NAME STREET ADDRESS CITY - ST - ZIP	<u>JUDI Boyle</u> <input type="checkbox"/> Delete <u>207 3rd STN</u> <u>SAFETY HARBOR, FL 34695</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>800003314308--4</u> <u>-07/06/00--01011--018</u> <u>*****50.00 *****50.00</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Brenda A. Chinn BRENDA CHINN 6-27-2000 727-365-7328  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)