

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008862

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

FILED

01 MAY 14 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3701 66TH WAY NORTH
ATTN: BRENDA CHINN, L.L.C.
ST. PETERSBURG FL 33710

Mailing Address

3701 66TH WAY NORTH
ATTN: BRENDA CHINN, L.L.C.
ST. PETERSBURG FL 33710

2. Principal Place of Business

4966
~~4966~~ SPARKLING Pines Circle

3. Mailing Address

4828 N. Kings Hwy
PMB #424

City & State

Fort Pierce, FL

City & State

Fort Pierce, FL

4. FEI Number

APPLIED FOR
62-1830852

Applied For

Not Applicable

Zip

34951

Country

ST. LUCIE

Zip

34951

Country

ST. LUCIE

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHINN, BRENDA
3701 66TH WAY NORTH
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name BRENDA CHINN

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

4699 SPARKLING Pines Circle

City Fort Pierce

FL

Zip Code 34951

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

Brenda Chinn

4/04/01

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

TITLE MGRM
NAME BRENDA CHINN, L.L.C.
STREET ADDRESS 3701 66TH WAY NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33710 ☐ Delete

TITLE MGR
NAME BOYLE, JUDI
STREET ADDRESS 207 3RD ST. N.
CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE Brenda Chinn ☒ Change ☐ Addition
NAME 4699 SPARKLING Pines Circle
STREET ADDRESS Fort Pierce, FL 34951
CITY-ST-ZIP

TITLE JUDI KRAFT ☒ Change ☐ Addition
NAME 802 B Shorewinds DR
STREET ADDRESS Fort Pierce, FL 34949
CITY-ST-ZIP

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: Brenda Chinn BRENDA CHINN 4/04/01 561-489-6888

CR2E083 (11/00)