2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JAN -2 PM 2:18

DOCUMENT # L99000009070

1. Entity Name
BICKFORD FAMILY SERVICES, L.L.C.

Principal Place of Business | Mailing Address

2. Principal Place of Business
c/o Kathryn Bickford
Suite, Apt. #, etc.
5961 18th Ave NW
City & State
Naples FL
Zip 34119 Country USA

3. Mailing Address
c/o Kathryn Bickford
Suite, Apt. #, etc.
5961 18th Ave NW
City & State
Naples FL
Zip 34119 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3610539 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
Fred Bickford
5961 18th Ave N.W.
Naples FL 34119

7. Name and Address of New Registered Agent
Name [illegible]
Street Address (P.O. Box Number is Not Acceptable)
5961 18th Ave NW
City [illegible] FL Zip Code [illegible]

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] (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Agent Fred Bickford 5961 18th Ave NW Naples FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible]	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager KATHRYN Bickford 5961 18th AVE NW Naples Florida 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400003524594--9 -01/05/01--01025--003 ****200.00	☐ Change ☐ Addition ****200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 00-01 BA	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (11/99)

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] Kathryn Bickford 3-26-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #