

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

051763

**DOCUMENT # P00000081275**

1. Entity Name

**BLOOMINGDALE BUSINESS SERVICES, INC.**

05-23-2001 90479 001 \*\*\*300.00

Principal Place of Business

**605 W. BLOOMINGDALE AVE., #D  
 BRANDON FL 33511**

Mailing Address

**513 FIREFLY LANE  
 APOLLO BEACH FL 33572**

**73456**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3666122**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BICHARD, KELLY M  
 513 FIREFLY LANE  
 APOLLO BEACH FL 33572**

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)

(NOT: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
 NAME **BICHARD, KELLY M**  
 STREET ADDRESS **513 FIREFLY LANE**  
 CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

**Kelly M Bichard Prs**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/01 813 662 9696**  
 Date Daytime Phone #

CR2E034 (10/00)

Attachment

Dear Mr Harris:

Doc#s P97000079206

P00000081275

73454/73450

I respectfully request that  
you accept my late filing of my  
(2) two Corp.

I'm a tax preparer. I'm also now  
dealing with colon cancer treatments.  
I did not willfully neglect the  
responsibility, and as soon as  
I recognized this oversight  
I immediately mailed in UBR's &  
fees.

I would very much appreciate your  
considering accepting my filings  
as timely.

Thank you for your assistance

Sincerely  
Kelly M Bickard

\$ 317.50 enclosed

# P97000079206

# P00000081275

Plus Cert. of Status