

2000 UNIFORM BUSINESS REPORT (UBR)

1042

04-18-2000 90217044 ***150.00
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 AUG -2 AM 8:33

DOCUMENT # P99000097252

1. Entity Name

BLOOMSNMOR, INC.

Principal Place of Business

Mailing Address

4500 1ST AVE. NW
 NAPLES FL 34119

4500 1ST AVE. NW
 NAPLES FL 34119-2651

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3605779

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

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

STELLEMA, DIANE
 4500 1ST AVE. NW
 NAPLES FL 34119

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

(NOTE: 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	STELLEMA, DIANE	
STREET ADDRESS	4500 1ST AVE. NW	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	STELLEMA, DANIEL J	
STREET ADDRESS	4500 1ST AVE. NW	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

AD

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:

Diane R. Stellema
 DIANE R. STELLEMA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

941-455-8796

Daytime Phone #

-2-

RUST & CHRISTOPHER, P.A.

Certified Public Accountants
1044 Castello Drive, Suite 101/102
Naples, Florida 34103

ROBERT J. RUST, CPA
SUSAN K. CHRISTOPHER, CPA
ROGER T. ST. GEORGE

941.261.1941
Fax: 941.261.2207
E-mail: rccpas@i4u.net

July 28, 2000

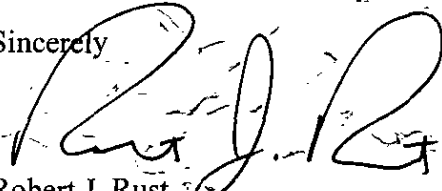
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Bloomsamor, Inc
P99000097252

Dear Sir/Madam

Our client has received a second notice to file the Uniform Business Report. They have asked us to respond on their behalf. Following their initial filing of the report April 10th, they have not received any further communications from your office. They were not aware you required their EIN. In view of this we ask that you waive the penalty for late filing. No additional monies are included with this re-submittal. Thank you for your attention to this matter.

Sincerely



Robert J. Rust
Certified Public Accountant

RJR/cpk
attachments

Bloomsamor.wpd