

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 630729

1. Entity Name

BLOSSOM GROVE SERVICE, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90013 011 ***150.00

Principal Place of Business

4602 DOGWOOD HILLS CT
BRANDON FL 33511
US

Mailing Address

4602 DOGWOOD HILLS CT
BRANDON FL 33511-8004
US

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

59-1920326

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICKARD, JAMES I. III, CPA
1000 N. ASHLEY DR
SUITE 101
TAMPA FL 33602

Name

MELLI CLAUDE

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

4602 DOGWOOD HILLS COURT

City

BRANDON

FL

Zip

33511

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]

CLAUDE MELLI

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 05 2000

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	PO	☐ Delete
NAME	POCHEZ, PATRICE	
STREET ADDRESS	1000 N. ASHLEY DR., SUITE 101	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	STD	☒ Delete
NAME	CONSTANINI, GHISLAIN	
STREET ADDRESS	1000 N. ASHLEY DR., SUITE 101	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	AS	☐ Delete
NAME	EDWARDS, JOSEPH	
STREET ADDRESS	PO BOX 3433 NA	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	D	☐ Delete
NAME	MAZEAUD, OLIVER	
STREET ADDRESS	1000 N. ASHLEY DR., SUITE 101	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	☐ Delete
NAME	RANDON, ALAIN	
STREET ADDRESS	1000 N. ASHLEY DR., SUITE 101	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	☒ Delete
NAME	DHOTEL, DANIEL	
STREET ADDRESS	1000 N. ASHLEY DR., SUITE 101	
CITY-ST-ZIP	TAMPA FL 33602	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D MAZEAUD OLIVER	☒ Change ☐ Addition
NAME	4602 DOGWOOD HILLS COURT	
STREET ADDRESS	BRANDON FL 33511	
CITY-ST-ZIP		
TITLE	D RANDON ALAIN	☒ Change ☐ Addition
NAME	4602 DOGWOOD HILLS COURT	
STREET ADDRESS	BRANDON FL 33511	
CITY-ST-ZIP		
TITLE	D POIRSON NICOLAS	☐ Change ☒ Addition
NAME	4602 DOGWOOD HILLS COURT	
STREET ADDRESS	BRANDON FL 33511	
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Melli

Jan 05 2000 (813) 6897242

Date

Daytime Phone #

CR2E034 (9/99)