

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90463 001 ***450.00

MAISON AV

DOCUMENT # 630729

1. Entity Name
BLOSSOM GROVE SERVICE, INC.

Principal Place of Business

**4602 DOGWOOD HILLS CT
 BRANDON FL 33511
 US**

Mailing Address

**4602 DOGWOOD HILLS CT
 BRANDON FL 33511
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1920326**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CLAUDE, MELLI
 4602 DOGWOOD HILLS CT
 BRANDON FL 33511**

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.

(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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DP TOURNAIRE, JEAN C 4602 DOGWOOD HILLS COURT BRANDON FL 33511	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EDWARDS, JOSEPH PO BOX 3433 NA TAMPA FL 33601	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZEAVD, OLIVER 4602 DOGWOOD HILLS CT BRANDON FL 33511	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDON, ALAIN 4602 DOGWOOD HILLS CT BRANDON FL 33511	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POIRSON, NICOLAS 4602 DOGWOOD HILLS CT BRANDON FL 33511	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 REQUIRED

Jan 20 02 (813) 689 7242

Date

Daytime Phone #

CR2E034 (9/01)