2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000082669** Apr 24, 2000 8:00 am Secretary of State B.L.S. & C., INC. 04-24-2000 90133 009 ***150.00 Mailing Address Principal Place of Business 597 ASBURY AVE., N.E. 1300 PINETREE DR. PALM BAY FL 32907-1934 INDIAN HARBOUR BEACH FL 32937 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3278216 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name _KANCILIA,: JOHN: R.ESQ_--Street Address (P.O. Box Number is Not Acceptable) 1686 WESTHIBISCUS BLVD **MELBOURNE FL 32901** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DPC ☐ Addition Change ☐ Delete TITLE TITLE PUTZ, RICHARD A NAME NAME STREET ADDRESS STREET ADDRESS 597 ASBURY AVE., N.E. CITY-ST-ZIP CITY-ST-7IP PALM BAY FL ☐ Change Addition ☐ Delete TITLE TITLE PUTZ, CELESTINE M NAME NAME STREET ADDRESS 597 ASBURY AVE., N.E. STREET ADDRESS CITY-ST-ZIP PALM BAY FL CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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