

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90889 050 ***150.00

016008 AV

DOCUMENT # P94000082669 1. Entity Name B.L.S. & C., INC.																															
Principal Place of Business 1300 PINETREE DR. 7 INDIAN HARBOUR BEACH FL 32937 US		Mailing Address 597 ASBURY AVE., N.E. PALM BAY FL 32907																													
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																													
City & State		City & State																													
Zip	Country	Zip	Country																												
4. FEI Number 59-3278216 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																															
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																															
<div style="display: flex; justify-content: space-between;"> <div> 6. Name and Address of Current Registered Agent KANCILIA, JOHN R ESQ 1800 WEST HIBISCUS BLVD SUITE 138 MELBOURNE FL 32901 </div> <div> 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> </div> </div>																															
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 _____ (NOTE: Registered Agent signature required when reinstating)																															
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees																															
<div style="display: flex;"> <div style="flex: 1;"> 11. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> DPC PUTZ, RICHARD A 597 ASBURY AVE., N.E. PALM BAY FL <input type="checkbox"/> Delete </td> </tr> <tr> <td> DST PUTZ, CELESTINE M 597 ASBURY AVE., N.E. PALM BAY FL <input type="checkbox"/> Delete </td> <td></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </div> <div style="flex: 1;"> 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </div> </div>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC PUTZ, RICHARD A 597 ASBURY AVE., N.E. PALM BAY FL <input type="checkbox"/> Delete	DST PUTZ, CELESTINE M 597 ASBURY AVE., N.E. PALM BAY FL <input type="checkbox"/> Delete												TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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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: <i>Celestine Putz</i> REQUIRED <div style="float: right;"> 3-26-02 321-779-0700 Date Daytime Phone # </div>																															

CR2E034 (9/01)