2003 **FOR PROFIT CORPORATION** 2003
UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAY -1 PM 1:14
04-10-2003 90104 037 ***150.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000081332

1. Entity Name
BLF REALTY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5629 STRAND BLVD	7441 Treeline Dr
Suite, Apt. #, etc. #409	Suite, Apt. #, etc.
City & State: NAPLES FLORIDA	City & State: Naples, FL
Zip: 34110 Country: USA	Zip: 34119 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3535053 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Louis W. Brenner
Street Address (P.O. Box Number is Not Acceptable): 7441 Treeline Drive
City: Naples FL Zip Code: 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ (signature)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	LOUIS W. BRENNER	NAME	
STREET ADDRESS	7441 TREELINE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FLORIDA 34119	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: (signature) 4-7-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #