

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 630729

1. Entity Name

BLOSSOM GROVE SERVICE, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90190 001 ***450.00

Principal Place of Business

Mailing Address

4602 DOGWOOD HILLS CT
BRANDON FL 33511
US

4602 DOGWOOD HILLS CT
BRANDON FL 33511
US

40117

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLAUDE, MELLI
4602 DOGWOOD HILLS CT
BRANDON FL 33511

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, 2001 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 PD
NAME POCHER, PATRICE
STREET ADDRESS 1000 N. ASHLEY DR., SUITE 101
CITY-ST-ZIP TAMPA FL 33602 ☒ Delete

TITLE AS
NAME EDWARDS, JOSEPH
STREET ADDRESS PO BOX 3433 NA
CITY-ST-ZIP TAMPA FL 33601 ☐ Delete

TITLE D
NAME MAZEAVD, OLIVER
STREET ADDRESS 4602 DOGWOOD HILLS CT
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE D
NAME RANDON, ALAIN
STREET ADDRESS 4602 DOGWOOD HILLS CT
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE D
NAME POIRSON, NICOLAS
STREET ADDRESS 4602 DOGWOOD HILLS CT
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE DP
NAME JEAN CLAUDE TOURNIADE
STREET ADDRESS 4602 DOGWOOD HILLS COURT
CITY-ST-ZIP BRANDON FL 33511 ☐ Change ☐ Addition

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)