

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 460567

1. Entity Name

BLECHMAN & RICE ASSOCIATES, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90009 029 ***150.00

Principal Place of Business

Mailing Address

14850 PARADIGM CT
FORT MYERS FL 33919
US

14850 PARADIGM CT
FORT MYERS FL 33919-8484
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1562973**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~DANBERG, S HARVEY~~
~~7800 W. OAKLAND PARK BLVD.~~
~~SUNRISE FL 33321~~

DISCONTINUED FEB 1, 2000

Name **BLECHMAN, SEYMOUR**
Street Address (P.O. Box Number is Not Acceptable) **14850 PARADIGM CT**
City **FT MYERS** FL Zip **33919**

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 Seymour Blechman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 7, 2000
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, 2000 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 NAME ☒ Delete
P
BLECHMAN, SEYMOUR
STREET ADDRESS
6911 ENVIRON BLVD 6-L
CITY-ST-ZIP
LAUDERHILL FL

TITLE NAME ☒ Delete
ST
BLECHMAN, RUTH R.
STREET ADDRESS
6911 ENVIRON BLVD 6-L
CITY-ST-ZIP
LAUDERHILL FL

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition
PRESIDENT
BLECHMAN, SEYMOUR
STREET ADDRESS
14850 PARADIGM CT.
CITY-ST-ZIP
FT MYERS, FL 33919

TITLE NAME ☒ Change ☐ Addition
SEY-TRES
BLECHMAN, RUTH R.
STREET ADDRESS
14850 PARADIGM CT.
CITY-ST-ZIP
FT MYERS, FL 33919

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

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

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

TITLE NAME ☐ Change ☐ Addition
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: Seymour Blechman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 2000
Date Daytime Phone #