

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 460567

1. Entity Name  
BLECHMAN & RICE ASSOCIATES, INC.

**FILED**  
**Jan 10, 2002 8:00 am**  
**Secretary of State**

01-10-2002 90016 015 \*\*\*150.00

Principal Place of Business  
14850 PARADIGM CT  
FORT MYERS FL 33919  
US

Mailing Address  
14850 PARADIGM CT  
FORT MYERS FL 33919  
US

00001736



DO NOT WRITE IN THIS SPACE

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

BLECHMAN, SEYMOUR  
14850 PARADIGM CT  
FORT MYERS FL 33919

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

(NOTE: Registered Agent signature required when reinstating)

January 4, 2002  
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, 2002 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  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

P  
BLECHMAN, SEYMOUR  
14850 PARADIGM CT  
FORT MYERS FL 33919

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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ST  
BLECHMAN, RUTH R.  
14850 PARADIGM CT  
FORT MYERS FL 33919

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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:

Seymour Blechman, President

Jan. 4, 2002 (41) 481-2124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residence Phone #

CR2E034 (9/01)