

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90035 027 ***158.75

DOCUMENT # 615875

1. Entity Name
BLASCHKE CORPORATION

Principal Place of Business
**1634 SE 47TH STREET
 SUITE 16
 CAPE CORAL FL 33904
 US**

Mailing Address
**9300 SW 178TH ST
 MIAMI FL 33157-5747
 US**

2. Principal Place of Business

3. Mailing Address
6932 ERIN MARIE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FORT MYERS, FL.

4. FEI Number **59-1947228**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33919-6126

US

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

**BLASCHKE, HANS K
 9300 SW 178TH STREET
 MIAMI FL 33157**

Name
BLASCHKE, HANS K.
 Street Address (P.O. Box Number is Not Acceptable)
6932 ERIN MARIE CT.
 City
FORT MYERS **FL** Zip Code
33919-6126

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 HANS K. BLASCHKE, PD
 Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when reinstating)

03-19-2001
 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 BLASCHKE, HANS K.
 9300 SW 178TH ST
 MIAMI FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 BLASCHKE, HANS K.
 6932 ERIN MARIE CT.
 FORT MYERS, FL. 33919-6126** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 BLASCHKE, HILDEGARD
 9300 SW 178TH ST
 MIAMI FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 BLASCHKE, HILDEGARD
 6932 ERIN MARIE CT.
 FORT MYERS, FL. 33919-6126** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**ST
 BLASCHKE, HANS K.
 9300 SW 178TH ST
 MIAMI FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**ST
 BLASCHKE, HANS K.
 6932 ERIN MARIE CT.
 FORT MYERS, FL. 33919-6126** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 LEPRADD, WSTLEY S
 9300 SW 178 ST
 MIAMI FL 33157** ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 HANS A. MANSSON
 3613 DelPrado Blvd. S.
 CAPE CORAL, FL. 33904** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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: HANS K. BLASCHKE PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-2001
 Date

941-549-8600
 Daytime Phone #

0388956

CR2E034 (10/00)