

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90275 040 *****70.00

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DOCUMENT # 716951

1. Entity Name

BLOODNETUSA, INC.



Principal Place of Business

**3200 LAKELAND HILLS BLVD
LAKELAND FL 33805
US**

Mailing Address

**3200 LAKELAND HILLS BLVD.
LAKELAND FL 33805
US**

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 **59-0720864**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BARR, ALICE
3200 LAKELAND HILLS BLVD.
LAKELAND FL 33805**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Delete
NAME **WILLARD, THOMAS**
STREET ADDRESS **1717 JOHN ARTHUR WAY**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **SD** ☐ Change ☒ Addition
NAME **Troiano, Victor**
STREET ADDRESS **317 S. Tennessee Avenue**
CITY-ST-ZIP **Lakeland FL 33801**

TITLE **PD** ☐ Delete
NAME **ELLIS, JOHN B**
STREET ADDRESS **2901 S FLORIDA AVE**
CITY-ST-ZIP **LAKELAND FL 33803**

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

TITLE **VD** ☐ Delete
NAME **CLINE, JUDY**
STREET ADDRESS **2016 CASTLE COURT**
CITY-ST-ZIP **LAKELAND FL 33813**

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

TITLE **TD** ☐ Delete
NAME **MOORE, JOHN C JR**
STREET ADDRESS **210 HIAWATHA TRAIL**
CITY-ST-ZIP **LAKELAND FL 33803**

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

TITLE **VD** ☐ Delete
NAME **STURWOLD, EARL**
STREET ADDRESS **37837 MERIDIAN AVE STE 311**
CITY-ST-ZIP **DADE CITY FL 33525**

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

TITLE **ED** ☐ Delete
NAME **BARR, ALICE**
STREET ADDRESS **3200 LAKELAND HILLS BLVD.**
CITY-ST-ZIP **LAKELAND FL 33805**

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Alice R. Barr April 30, 2003 (863) 687-892

CR2E037 (10/02)