FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT

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DOCUMENT # F01000002477					l na ai	PR 29 AM	10+ 20
1. Entity Name) 30 %	N C J MIT	m. 5.3
BLT ENTERPRISES OF PALM BEACH, INC.					SEC	RETARY OF	QTATE:
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	ITE IN THIS SP			OF HEAT			
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2. Principal Place	·	· · · · · · · · · · · · · · · · · · ·	1				
125 Worth Avenue			125 Worth Avenue				
·						NOTWRITE	N THIS SPACE
Suite 302 City & State		Suite 302	City & State				Applied For
		1					
Palm Beach, FL			Palm Beach, FL		52-2316478		Not Applicable
Zip 3348	30 Country USA	Zip 33480	Country	USA	5. Certificate of Sta	atus Desired	\$8.75 Additional
ray Town 198 Vo. 1784 1884 Ingal Town Inc.	**************************************	a to a man the state of the state of			7. Name and Add	ress of Current Rec	Fee Required
Name Tolley, Barbara							
	DO NOT	WRITE		Street Address (P.O. Box Number is Not Ac	ceptable)	
	IN THIS	SPACE		124	Worth Avenue,	Suite 302	
1				City Palr	n Beach		Zip Code 33480
<u>firms</u> araif.						FL	
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, byend or privided name of registered agent and title if applicable. (Note: registered Agent signature required when reinstating). DATE							
lanuary 1	- May 1 Fee is \$150.00	n 🔭			9.		
After May 1 Fee is \$550.00 Amended UBR is \$61.25					Election Campa Trust fund Cont		\$5.00 May Be
Amer Make Check Pa					Added to Fees		
11.	OFFICERS /	AND DIRECTORS		v	<u> </u>		
TITLE	CPST		NAME		er i i i i i i i i i i i i i i i i i i i		
NAME	Tolley, Barbara			RESS	eri e ^{rr} ee		
STREET ADDRESS	125 Worth Avenue, Suite 302 City-st-Zip Palm Beach, FL 33480			WE22	0472970	南山市山东	13604 -007 **150.00
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STREET ADDRESS			STREET ADD	RESS			
CITY-ST-ZIP			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 second or 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 second or 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 second or 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 section 119.07(3)(I), Florida Statutes.							
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 Impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment							
with an address, with an other like emplowered.							
SIGNATURE Barbara Tolley, President April 32003 (561) 588-2502							
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							
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