

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90196 039 ***150.00

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DOCUMENT # F95000000112

1. Entity Name
C.X. BLASTER COMPANY



Principal Place of Business
13218 JESSICA DR
SPRING HILL FL 34609

Mailing Address
13218 JESSICA DR
SPRING HILL FL 34609



2. Principal Place of Business

3. Mailing Address

6408 EVANSTON ST. 6408 EVANSTON ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Brooksville, FL

City & State
Brooksville, FL

4. FEI Number 36-3526627

Applied For
Not Applicable

Zip Country
34613 USA

Zip Country
34613 USA

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

MAGNUSON, ERIC
13218 JESSICA DR
SPRING HILL FL 34609

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 Eric Magnuson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input type="checkbox"/> Delete
NAME	MAGNUSON, ERIC	
STREET ADDRESS	13218 JESSICA DR 6408 EVANSTON ST.	
CITY-ST-ZIP	SPRING HILL FL 34609 Brooksville, FL 34613	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	MAGNUSON, SALLY	
STREET ADDRESS	13218 JESSICA DR 6408 EVANSTON ST	
CITY-ST-ZIP	SPRING HILL FL 34609 Brooksville, FL 34613	
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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 607, 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: Eric Magnuson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 352-596-5151

Date Daytime Phone #

CR2E034 (10/02)