

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91163 001 \*\*\*\*\*8.75  
04-21-2003 91163 002 \*\*\*150.00

DOCUMENT # H52354

1. Entity Name

BLOIS & BLOIS STUDIOS, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

402 SOUTH RIO PALMA DR

3. Mailing Address

TEMPORARY  
3 KANAWHA CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

INDIAN LANTIC, FL

City & State

LAKE MONTICELLO, VA

4. FEI Number

59-2532815

Applied For

Not Applicable

Zip

32903

Country

USA

Zip

22963

Country

USA

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JAN P. WEISS

Street Address (P.O. Box Number is Not Acceptable)

370 CAMINO GARDENS BLVD.

City

BOCA RATON

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/V/SIT  
DOROTHY BLOIS  
402 SOUTH RIO PALMA DR.  
INDIAN LANTIC, FL 32903

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

DOROTHY BLOIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

434-589 8929  
321-773-3879

Daytime Phone #

CR2E034B (12/02)