2003 FOR PRO UNIFORM BUSII OCUMENT # H60 Entity Name	0036		FILED
BLATE ENTERPRISES, INC.			04 FEB 20 AN 10: 28
rincipal Place of Business 1913 BOWLES RD. FAMPA FL 33637 JS	Mailing Address 8913 BOWLES RD. TAMPA FL 33637 US		SECRETARY OF TALLAHASSEE FLOT IIDA LIBUALIANI AND
Principal Place of Business	A A A A A A A A		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	······································	4. FEI Number 59-2524650 Applied For Not Applicab
Ziper Country	Zip -	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Cu	Irrent Registered Agent	Namen A	7. Name and Address of New Registered Agent
-SLATE;-VEDA=		Slat	(P.O. Box Number is Nor Acceptoria)
(POST OFFICE BOX AL)			
TAMPA FL 33637 The above named entity submits this statem the obligations of registered agent.	nent for the purpose of changing its	City A My	FL Zip Code 33637 pred agent, or both, in the State of Florida. I am familiar with, and accep
The above named entity submits this statem the obligations of registered agent. SIGNATURE <u>Constructions of the statement</u> Signature. typed or printed name of registered FILE NOW!!! FEE IS \$550.00	d agent and itile if applicable. (NOTE	City A My registered office or registe A Llats Registered Agent signature regul	bred agent, or both, in the State of Florida. I am familiar with, and accept $1 - 29 - 04$ when reinstating) DATE
A. The above named entity submits this statem the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be Make Check Payable to Florida Department	d agent and title if applicable. (NOTE 0 \$750.00 ent of State	registered office or registe A Llats Registered Agent signature require	Added to Fees
The above named entity submits this statem the obligations of registered agent. Signature. typed or printed name of registered FILE NOW!!! FEE IS \$550.0 After September 10, 2003 Fee will be Make Check Payable to Florida Departme 0. OFFICERS TLE AME IREET ADDRESS SP13 BOWLES ROAD	of agent and litle if applicable. (NOTE 0 \$750.00	registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept 1-29-04 when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be
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The above named entity submits this statem the obligations of registered agent. I/GNATURE Image: Signature. typed or printed name of registered agent. Signature. typed or printed name of registered name of registered agent. FILE NOW!!! FEE IS \$550.0 After September 10, 2003 Fee will be flake Check Payable to Florida Departme 0. OFFICERS TLE VTD SLATE, ROBERT G. SR 8913 BOWLES ROAD ITY-SI-ZIP TAMPA FL TLE SLATE, VEDA 8913 BOWLES ROAD ITY-SI-ZIP TAMPA FL TLE SLATE, VEDA 8913 BOWLES ROAD ITY-SI-ZIP TAMPA FL TLE SLATE, ROBERT G. JR 3707 KALEWOOD PL ITY-SI-ZIP TREET ADDRESS 3707 KALEWOOD PL ITY-SI-ZIP VD SLATE, ROBERT G. JR 3707 KALEWOOD PL ITY-SI-ZIP	d agent and title if applicable. (NOTE 0 \$750.00 ent of State BAND DIRECTORS Delete Delete	11. NAME STREET ADDRESS	bred agent, or both, in the State of Florida. I am familiar with, and accept $1 - 29 - 04$ (awhen reinstating) DATE 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 910025307739 12/08/0301013026 **750.00 Change Additi 92/25/0401022-012 **150.00 Change Additi 92/25/0401022-012 **150.00 Change Additi 92/25/0401022-012 **150.00 Change Additi 92/25/0401022-012 **150.00 Change Additi 92/25/0401022-012 **150.00