## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## J39802 **DOCUMENT#**

1. Entity Name

BUSINESS LOCATIONS REALTY, INC.



## **FILED** Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90186 011 \*\*\*150.00

Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME GARDNER, ARLENE J GARDNER, ARLENE J GARDNER, ARLENE J GARDNER, ARLENE S GRETADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS CITY-ST-2IP  TITLE NAME	DOGINE	SO LOCATIONS REALIT, IN	iC.				
Sulfer, Apt. #, cfc.   Sulfer, Apt. #, cfc.   Sulfer, Apt. #, cfc.   City & State   City & State   City & State   City & State   A. FEI Number   Sp-2740486   Applied For   Mon Applied For   Months   Mo	46 GOLF VILLA DRIVE 46 GOLF		46 GOLF VILLA DRIVE				
Sulfer, Apt. #, cfc.   Sulfer, Apt. #, cfc.   Sulfer, Apt. #, cfc.   City & State   City & State   City & State   City & State   A. FEI Number   Sp-2740486   Applied For   Mon Applied For   Months   Mo							
City & State  Ci	2. Principal Place of Business		3. Mailing Address		1   <b>20</b>	:	
Zip Country Zip Country Special Secretary Special Secretary Secret	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAK	☐ CHECK HERE IF MAKING CHANGES	
Country Zip Country Zip Country S. Certificate of Status Desired S. 75 Additional Fee Required Agent  6. Name and Address of Current Registered Agent	City & State		City & State		4. FEI Number 59-2740496	— — — — — — — — — — — — — — — — — — —	
S. Name and Address of Current Registered Agent  GARDNER, ARLENE J 46 GOLF VILLA DRIVE PORT ORANGE FL 32128  City FL Zip Code  A. 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 are purposed of the propose 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 are stated agent.  FILE NOW!II FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  ITILE NAME STREET ADDRESS OTY ST- 2P OTH ORANGE FL 32128  Delete  TILE NAME STREET ADDRESS OTY ST- 2P  TILE NAME	Zìp	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Register		
A6 GOLF VILLA DRIVE PORT ORANGE FI 32128    City   FL   Zip Code	1						
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signature   Storedure   S				Street Addre	ess (P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    File Now!!! FEE IS \$150.00	PORT OR	ANGE FL 32128				···	
SIGNATURE    Signature   Signa	<u> </u>			}		⁻ <b>╚</b> ╸┃	
SIGNATURE   Symbol or preleted name of registered agent and site if applications   NOTE Registered Agent signature recolled when remailable    Decision	the colliga	e named entity submits this statement fations of registered agent.	or the purpose of changing its	registered office or reg	istered agent, or both, in the State of Florida. I a	am familiar with, and accept	
FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00 May Be Addred to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  PARDINER, ARLENE J  STREET ADDRESS CITY-ST-2IP  TITLE  MAME	-						
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TILE NAME SIRRET ADDRESS OTTY-ST-2IP  TITLE NAME SIRRET A			t and title if applicable. (NOT)	E: Registered Agent signature red	quired when reinstating) DAT	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	* Afte	r May 1, 2003 Fee will be \$550.00	of State		, ,		
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	STREET ADDRESS CITY-ST-ZIP			City-ST-ZIP			

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 GNATURE:

GNATURE:

GNATURE:

GNATURE:

GRAPHER

2-10-03

SIGNATURE: