2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

107 CRISTINE ST.

J60133 **DOCUMENT#**

1. Entity Name

107 CRISTINE CT.

BLARNEY STONE, INC.

Principal Place of Business



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90040 047 ***150.00

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NICEVILLE FL 32578 US			NICEV US	NICEVILLE FL 32578 US								
2. Principal Place of Business			3. Mail	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State			4.	. FEI	Number 59-278308 4	1		plied For t Applicable
Zip	Country			Zip		Country		. Cer	rtificate of Status Desired		8.75 Add	itional
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
						Name						
TRUDEAU, BERNARD F JR.					ļ	· · · · · · · · · · · · · · · · · · ·						
107 CRISTINE CT .						Street Address (P.O. Box Number is Not Acceptable)						
					ŀ							
NICEVILLE												
						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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
	aignature, typeu	Or printed harne or registerer	з адели али пре и арр	T (14012)		- Agent agnature	10401100 111101	1				
F					9. Election Campaign F	inancino	\$5 O	0 May Be				
After May 1, 2003 Fee will be \$550.00									Trust Fund Contributi			to Fees
Make Check Payable to Florida Department of State												
10. OFFICERS AND D				IRECTORS 11.				ADDI	TIONS/CHANGES TO OF			
TITLE	PST	•		☐ Delete		TITLE					Change	☐ Addition
NAME		Bernard F Jr.			NAME	.						
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP	NICEVILLE	FL			CITY-	ST-ZIP						
TITLE				☐ Delete	TITLE						Change	☐ Addition
NAME	•					<u> </u>						
STREET ADDRESS					STREE	ET AODRESS						
CITY-ST-ZIP					CITY-	ST-ZIP						
TITLE				☐ Delete	TITLE						☐ Change	☐ Addition
NAME					NAME							
STREET ADDRESS	-				STRE	ET ADDRESS						
CITY-ST-ZIP					CITY-	ST-ZIP						
TITLE				☐ Delete	TITLE						☐ Change	☐ Addition
NAME	•				NAME							
STREET ADDRESS					STRE	ET ADDRESS						
CITY-ST-ZIP	•				CITY-	ST-ZIP						
TITLE				☐ Delete	TITLE						☐ Change	Addition
NAME					NAME	:						
STREET ADDRESS					STRE	ET ADDRESS						-
CITY-ST-ZIP					CITY	ST-ZIP						
TITLE				☐ Delete	TITLE					., , , ,	Change	Addition
NAME					NAME							
STREET ADDRESS					STRE	ET ADDRESS						
CITY-ST-ZIP					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 expert 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 expowered.