2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED DOCUMENT # K39116 Apr 18, 2000 8:00 am Secretary of State DIANA BLAIR, INC. 04-18-2000 90245 015 ***150.00 Mailing Address Principal Place of Business 4901-PALM-BCH, BLVD.: 1-921-4901-PALM-BGH: BLVD:: 1-321 FT. MYERS FL 33905-3252 FT. MYERS FL 33905 2. Principal Place of Business 3. Mailing Address 4901-1 PAIN BROCK Block Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MB MB 321 321 Applied For City & State 4. FEI Number City & State 59-2939675 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLAIR, LENARD treet Address (P.O. Box Number is Not Acceptable -4901 PALM BCH.-BLVD-, 1-321-4901-1 PAIN Beach FT. MYERS FL 33905 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change DPC TITLE ☐ Delete TITLE P.M.B. 321 BLAIR, DIANA NAME NAME 4901-1 Palm Bch. Blvd. Ft. Myers, Fl. 33905 STREET ADDRESS STREET ADDRESS 4901 PALM BCH BLVD #1 CITY-ST-ZIP CITY-ST-7IP FT MYERS FL Change ☐ Addition ☐ Delete TITLE TITLE NAME BLAIR, LENARD NAME P.M.B. 321 STREET ADDRESS 4901-1 Palm Bch. Blvd. STREET ADDRESS 4901 PALM BCH. BLVD., #1 Ft. Myers, Fl. 33905 CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if