## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K68368** Apr 21, 2000 8:00 am Secretary of State 1. Entity Name BLEICH ENTERPRISES. INC. 04-21-2000 90125 023 \*\*\*150.00 Principal Place of Business Mailing Address % DANIEL G. BLEICH % DANIEL G. BLEICH 2002 REDBRIDGE DR. 2002 REDBRIDGE DR. BRANDON FL 33503-0125 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address P O BOX 125 14653 JOE SUMNER RD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-2950917 BALM, FL WIMAUMA, Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33503 HILLSBORO Fee Required 33598 HILLSBORO 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLEICH, DANIEL G. Street Address (P.O. Box Number is Not Acceptable) 14653 JOE SUMNER RD 2002 REDBRIDGE DR. **BRANDON FL 33511**

4-13-00 PRES DATE (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

City WIMAUMA

Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. 11.

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.

\$5.00 May Be Trust Fund Contribution. Added to Fees

Applied For

Zip Code 33598

Not Applicable

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD X Change ☐ Addition TITLE TITLE ☐ Delete BLEICH, DANIEL G. NAME NAME STREET ADDRESS 2002 REDBRIDGE DR. STREET ADDRESS 14653 JOE SUMNER RD CITY-ST-ZIP **BRANDON FL** CITY-ST-ZIP WIMAUMA, FL 33598  $\mathbf{X}_{\square}$  Change ☐ Addition ☐ Delete TITLE TITLE BLEICH, SHARON A. NAME NAME STREET ADDRESS 14653 JOE SUMNER RD STREET ADDRESS 2002 REDBRIDGE DR. CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** WIMAUMA, FL 33598 ☐ Addition TITLE Change TITLE ☐ Delete SCOTT, KELLY M. NAME NAME STREET ADDRESS STREET ADDRESS 2002 REDBRIDGE DR. CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** ☐ Delete TITLE ☐ Change ☐ Addition TITLE SCOTT, WESLEY NAME NAME STREET ADDRESS STREET ADDRESS 3203 CLIFFORD SAMPLE DRT CITY-ST-ZIP CITY-ST-7IP TAMPA FL ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachm nt with an address, with all other like empowered.

SIGNATURE: Y

BLEICH