

# 2001 UNIFORM BUSINESS REPORT (UBR)

0023292 AF

DOCUMENT # L00000012883

1. Entity Name  
BLAZIN ENTERPRISES, LLC

FILED

FEB 12 PM 12:10

Principal Place of Business

2704 REW CIRCLE, SUITE 105  
OCOE FL 34761

Mailing Address

2704 REW CIRCLE, SUITE 105  
OCOE FL 34761

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

4300 KINGS HWY  
Suite, Apt. #, etc.  
412

3. Mailing Address

SAME

DO NOT WRITE IN THIS SPACE.

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

4. FEI Number

59-36 77554

Applied For

Not Applicable

Zip

33749

Country

Charlotte

Zip

33749

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, E. NICHOLAS III  
2704 REW CIRCLE, SUITE 105  
OCOE FL 34761

7. Name and Address of New Registered Agent

Name

BLAKE C. ZINN

Street Address (P.O. Box Number is Not Acceptable)

3245 JESSICA TER.

City

PORT CHARLOTTE

FL

Zip Code

33948

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

Blake C. Zinn

BLAKE C. ZINN, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

4000003744184--3

-02/20/01--01110--023

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DAVIS, E. NICHOLAS III  
2704 REW CIRCLE, SUITE 105  
OCOE FL 34761 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT / SECRETARY  
BLAKE C. ZINN  
3245 JESSICA TER.  
PORT CHARLOTTE, FL 33948 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Blake C. Zinn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

941.586.4564

CR2E083 (11/00)