_	
×	
w	
0	
•	
_	
~	

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L0000016287

## **BLAKESLEE DESIGN LLC**

Mailing Address

303 EAST PAR STREET ORLANDO FL 32804

Principal Place of Business

303 EAST PAR STREET ORLANDO FL 32804

**FILED** Jul 30, 2002 8:00 am Secretary of State 07-30-2002 90426 049 \*\*\*\*50.00



2. Principal Place	of Business	3. Mailing Address	<u></u>			ÑĬĬĬ	
and the second s		5. Walling Address		T SOURTON FOR OURLE BOURD BOURD BOURD BOURD BOURD BOURD BOURD BOURD STORE THOUSE TO BOURD BOURD BOURD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State				Applied For	
					59-3693709		Not Applicable
Zip	Country	Zip Country		5. Certificate of Status Desired   \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DI AVEGI	EE DOPEDT I			-Name			
BLAKESLEE, ROBERT L 303 EAST PAR STREET ORLANDO FL 32804			Street Address (P.O. Box Number is Not Acceptable)				
0,12,010	0.12.0200						
				City	•	┌┕╎╵	Code
<ol><li>The above name the obligations</li></ol>	ned entity submits this statem of registered agent.	nent for the purpose of chang	ging its registere	ed office or regis	stered agent, or both, in the State of Florida. I	am familiar v	with, and accept

(NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002

9.	MANAGING MEMBERS/MAN	IAGERS	10.	ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER BLAKESUEE, ROBERT 303 E PAR ST ORLANDO FL 32804	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER ROUSSEAU, KIM 303 E PAR ST ORLANDO FL 32804	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition				
NAME STREET ADDRESS CITY-ST-ZIP		□.Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition				
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS	. 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.

UIFROBERT L. BLAKESIEE 7/10/02 407-628-9040