

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2002 8:00 am**  
**Secretary of State**

07-25-2002 90128 046 \*\*\*\*50.00

**DOCUMENT # L01000011163**

1. Entity Name

**BLAZING TECHNOLOGY LTD. CO.**

Principal Place of Business

Mailing Address

1197 STILLWOOD CT  
 PORT ORANGE FL 32119

1197 STILLWOOD CT  
 PORT ORANGE FL 32119

2. Principal Place of Business

3. Mailing Address

1197 Stillwood Ct.

1197 Stillwood Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Port Orange, FL

City & State

Port Orange, FL

4. FEI Number

593730453

Applied For

Not Applicable

Zip

32129

Country

USA

Zip

32129

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MALTAIS, MARK  
 1197 STILLWOOD CT  
 PORT ORANGE FL 32119 32129

7. Name and Address of New Registered Agent

Name: Mark Maltais  
 Street Address (P.O. Box Number is Not Acceptable): 1197 Stillwood Ct.  
 City: Port Orange, FL FL Zip Code: 32129

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)

8/19/02  
 DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Owner/President<br>Mark Maltais<br>1197 Stillwood Ct<br>Port Orange, FL 32129 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

9/20/02  
 Date

386-760-9077  
 Daytime Phone #

CR2E083 (4/02)