

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L94240**1. Entity Name  
**BLIND PASS PROSPECT, INC.**Principal Place of Business  
P.O. BOX 10099  
ST PETERSBURG FL 33733Mailing Address  
P.O. BOX 10099  
ST PETERSBURG FL 337332. Principal Place of Business  
P.O. Box 49030  
Suite, Apt. #, etc.3. Mailing Address  
P.O. Box 49030  
Suite, Apt. #, etc.City & State  
St Pete FL  
Zip  
33743  
Country  
PinellasCity & State  
St Pete FL  
Zip  
33743  
Country  
Pinellas4. FEI Number  
**59-3116861**Applied For  
☒ Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

GEORGE, DAVID  
1020 WATEROAK CT, NE  
ST PETERSBURG FL 33703

## 7. Name and Address of New Registered Agent

Name  
**GEORGE, DAVID**Street Address (P.O. Box Number is Not Acceptable)  
**420 55th AVE**City  
**St Pete Beach FL** Zip Code  
**33706**

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 *Marlene S George, Secy*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPT  
GEORGE, DAVID F  
1020 WATER OAK CT NE  
ST PETERSBURG FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PDS  
GEORGE, MARLENE S  
1020 WATER OAK CT NE  
ST PETERSBURG FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90043 029 \*\*\*150.00

001344



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)