## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 17, 2002 8:00 am Secretary of State **DOCUMENT #** M71916 1. Entity Name 04-17-2002 90060 040 \*\*\*150 BLAB OF SARASTOA, INC. Principal Place of Business Mailing Address 47 S PALM BLVD P.O. BOX 12836 STE 211 .. STE 203 SARASOTA FL 34236 PENSACOLA FL 32576 US - Starte and 2.5 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0056953 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name .GUERCIO, DON\_\_\_\_\_\_ Street Address (P.O. Box Number is Not Acceptable) 47 S PALM BLVD STE 211 SARASOTA FL 34236 City Zip Code 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 ignature, typed or printed nan ered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE CR2E034 (9/01) Change Addition NAME **GUERCIO, DON** NAME STREET ADDRESS **463 MEADOW LARK DR** STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Vigodsky, fred NAME STREET ADDRESS 121 S PALAFOX ST., SUITE "D" STREET ADDRESS CITY-ST-ZIP Pensacola fl CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME VIGODSKY, BRENDA STREET ADDRESS 121 S PALAFOX ST., SUITE "D" STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP PENSACOLA-FL TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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:

CITY-ST-ZIP

CITY-ST-7IP