

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-22-2001 90638 029 ****61.25

DOCUMENT # 100000005170

1. Entity Name

PASCO 2100, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

13703 Bryndlewood Ct.

3. Mailing Address

SAME

City & State

Hudson FL

City & State

FL

Zip

34669

Country

PASCO

Zip

FL

Country

FL

4. FEI Number

59-3708330

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Bruce E. Blake
13703 Bryndlewood Court
Hudson FL 34669

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be

Added to Fees

Make Check Payable to:

Department of State

10. OFFICERS AND DIRECTORS

TITLE	<u>P</u>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<u>P/T/D</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Bruce E Blake</u>	
STREET ADDRESS	<u>13703 Bryndlewood Court</u>	
CITY-ST-ZIP	<u>Hudson FL 34669</u>	
TITLE	<u>S/D</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Mel Phillips</u>	
STREET ADDRESS	<u>1209 Ashbourne Circle</u>	
CITY-ST-ZIP	<u>New Port Richey FL 34655</u>	
TITLE	<u>V/D</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Kathryn Starkey</u>	
STREET ADDRESS	<u>10928 Alice Pass</u>	
CITY-ST-ZIP	<u>New Port Richey 34655</u>	
TITLE	<u>D</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Conrad Lajo</u>	
STREET ADDRESS	<u>9022 Trundle Lane</u>	
CITY-ST-ZIP	<u>Hudson FL 34667</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Bruce E. Blake President

Date

4/25/01 727-669-3337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2037 (11/00)