

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90069 005 ****61.25

DOCUMENT #
1. Entity Name
PASCO 2100 N000000005770

DO NOT WRITE IN THIS SPACE

656696

2. Principal Place of Business
13703 Bryndlewood Ct
Suite, Apt. #, etc.
City & State Hudson FL
Zip 34669 Country Pasco

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3708330 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Mr. Bruce E. Blake
Street Address (P.O. Box Number is Not Acceptable)
13703 Bryndlewood Court
City Hudson FL Zip Code 34669

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 _____

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>P/D</u> <u>Bruce E. Blake</u> <u>13703 Bryndlewood Ct</u> <u>Hudson FL 34669</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S/D</u> <u>Mel Phillips</u> <u>1269 Ashbourne Circle</u> <u>New Port Richey FL 34655</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V/D</u> <u>Kathryn Storky</u> <u>10928 Alinco Pass</u> <u>New Port Richey 34655</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Conrad Lago</u> <u>9022 Irondale Lane</u> <u>Hudson FL 34667</u>
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Bruce E. Blake President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 727-697-3337
Date Daytime Phone #