

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000004058

1. Entity Name

THE BLISS FOUNDATION INC.

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90712 009 ****61.25

Principal Place of Business

Mailing Address

4418 87TH STREET COURT WEST
BRADENTON FL 34210

4418 87TH STREET COURT WEST
BRADENTON FL 34210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1130689

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLISS, KENNETH
4418 87TH STREET COURT WEST
BRADENTON FL 34210

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

N/A

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME BLISS, KENNETH
STREET ADDRESS 4418 87TH STREET COURT WEST
CITY-ST-ZIP BRADENTON FL 34210 ☐ Delete

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

TITLE DV
NAME BOUCHARD, DAVID G
STREET ADDRESS 5247 RILMA AVE
CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete

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

TITLE DT
NAME SPANGLER, LYNN E
STREET ADDRESS 6706 5TH STREET WEST
CITY-ST-ZIP BRANDENTON FL 34207 ☐ Delete

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

TITLE DS
NAME SPANGLER, ALBERT C
STREET ADDRESS 6706 5TH STREET WEST
CITY-ST-ZIP BRANDENTON FL 34207 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 another line empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-02

CR2E037 (9/01)