2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90118 047 ****61.25

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04122004 Chg-NP CR2E037 (10/03)

DOCUMENT # N03000005119

1. Entity Name
BLOUNT INDUSTRIAL CENTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1072 EAST NEWPORT CENTER DRIVE A DEERFIELD BEACH, FL 33442	1072 EAST NEWPORT CENTER DRIVE A DEERFIELD BEACH, FL 33442

2. Principal Place of Business		3. Mailing Address	
1002 E. Newport CTR DR		1002 E. Newport CTR DR	
Suite, Apt. #, etc.: Suite 100		Suite, Apt. #, etc.: Suite 100	
City & State: Deerfield Bch, FL		City & State: Deerfield Bch, FL	
Zip: 33442	Country: US	Zip: 33442	Country: US

4. FEI Number: 04-3789743 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELLMAN, ED R
1072 EAST NEWPORT CENTER DRIVE
A
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 1002 E. Newport CTR DR. Suite 100
City: Deerfield Bch FL Zip Code: 33442

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ 4-12-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLMAN, ED R 1072 A EAST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1002 E. Newport CTR DR. Suite 100 Deerfield Beach, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: ______________________ 4-12-04 954-978-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #