

# 2001 UNIFORM BUSINESS REPORT (UBR)

0265812

DOCUMENT # P00000040243

1. Entity Name

BLUNT REVIEW, INC.

FILED

02 APR 18 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

10871 NW 25TH COURT  
SUNRISE FL 33322

Mailing Address

10871 NW 25TH COURT  
SUNRISE FL 33322

2. Principal Place of Business

230 LAKE CT

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAUD BY THE SEA FL

City & State

4. FEI Number

651002613

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOLIN, ERIKA K

10871 NW 25TH COURT  
SUNRISE FL 33322

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

*Erika Bolin* ERIKA BOLIN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☒  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☐ Delete  
NAME BOLINA, ERIKA K  
STREET ADDRESS 10871 NW 25TH COURT  
CITY-ST-ZIP SUNRISE FL 33322

TITLE ☒ Change ☐ Addition  
NAME BOLIN ERIKA K  
STREET ADDRESS 230 LAKE CT  
CITY-ST-ZIP LAUD. BY THE SEA FL 33308

TITLE VPD ☐ Delete  
NAME BOLINA, ERIKA K  
STREET ADDRESS 10871 NW 25TH COURT  
CITY-ST-ZIP SUNRISE FL 33322

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200005419252--9  
-05/02/02--01014--001  
\*\*\*\*150.00 ☐ \*\*\*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02 954491-6045  
Date Daytime Phone #

CR2E034 (10/00)