FILED
Jun 24, 2002 8:00 am
Secretary of State
06-24-2002 90298 043 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052837

1. Entity Name
BLANC DEBRIS, INC.

969356

[redacted]

Principal Place of Business	Mailing Address
C/O ALL INS. 210 SOUTH KINGS AVENUE STE. C BRANDON FL 33511-5720	C/O ALL INS. 210 SOUTH KINGS AVENUE STE. C BRANDON FL 33511-5720

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCDOUGALD, KERRI
~~3422 ZARA WAY~~
~~CLEARWATER FL 33761~~

7. Name and Address of New Registered Agent

Name Kerri McDougald
Street Address (P.O. Box Number is Not Acceptable) 210 S. Kings Ave Suite C
City Brandon FL Zip Code 33511

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

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P MCDOUGALD, KERRI ☐ Delete ~~3422 ZARA WAY~~ 210 S. Kings Ave, Suite C ~~CLEARWATER FL 33761~~ Brandon, FL 33511	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCDOUGALD, JON RICHARD ☐ Delete ~~3422 ZARA WAY~~ 210 S. Kings Ave Suite C ~~CLEARWATER FL 33761~~ Brandon, FL 33511	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
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CR2E034 (9/01)

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 REQUIRED [signature] 5/20/02 813-653-0936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #