

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 23, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90064 003 \*\*\*150.00

DOCUMENT # P000000601862  
1. Entity Name FILROY INC.

**DO NOT WRITE IN THIS SPACE**

36346

2. Principal Place of Business  
9535 HONEYBELL CIR  
Suite, Apt. #, etc.  
City & State BOYNTON BEACH FL.  
Zip 33437 Country USA

3. Mailing Address  
BOYNTON BEACH FL  
Suite, Apt. #, etc.  
City & State BOYNTON BEACH FL.  
Zip 33437 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 651020943  
Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name LEE BLOWSTEIN

Street Address (P.O. Box Number is Not Acceptable)

9535 HONEYBELL CIR

City BOYNTON BEACH

FL

Zip Code 33437

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing

SIGNATURE L. Blowstein

Signature, typed or printed name of registered agent and date of approval

E. BLOWSTEIN

(NOTE: Registered Agent signature required when reappointing)

4/25/02  
DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>PHYLLIS BLOWSTEIN</u> <u>33437</u> <u>9535 HONEYBELL CIR BOYNTON B FL</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>LEE BLOWSTEIN</u> <u>9535 HONEYBELL CIR</u> <u>BOYNTON BEACH FL 33437</u>
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CR2E034B (12/01)

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

SIGNATURE: Phyllis Blowstein  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02  
Date

561-7374101  
Daytime Phone #