

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 20, 2001 8:00 am**
Secretary of State

03-20-2001 90001 020 ***158.75

DOCUMENT # P00000084245

1. Entity Name

B.L.M.-3 INC.

Principal Place of Business

**425 FOREST ESTATES DRIVE
WEST PALM BEACH FL 33415**

Mailing Address

**425 FOREST ESTATES DRIVE
WEST PALM BEACH FL 33415**

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

65-1037232

Applied For

Not Applicable

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

**BLACEY, BARRY
425 FOREST ESTATES DRIVE
WEST PALM BEACH FL 33415**

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	D
NAME	BLACEY, BARRY	NAME	DELISLA, MICHAEL
STREET ADDRESS	425 FOREST ESTATES DRIVE	STREET ADDRESS	280 LET ROAD
CITY-ST-ZIP	WEST PALM BEACH FL 33415	CITY-ST-ZIP	PALM BEACH FL 33480
TITLE		TITLE	D
NAME		NAME	LEE, CHARLES
STREET ADDRESS		STREET ADDRESS	2715 FOXHALL DRIVE WEST
CITY-ST-ZIP		CITY-ST-ZIP	WEST PALM BEACH FL 33417
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Barry Blacey **BARRY BLACEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-01

Date

(561) 236-3813

Daytime Phone #

CR2E034 (10/00)