

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90183 007 ***150.00

DOCUMENT # P00000110558
 1. Entity Name
BLOUNTBS.DESIGN, INC.

Principal Place of Business Mailing Address
 11207 SW 132ND COURT WEST 11207 SW 132ND COURT WEST
 MIAMI FL 33186 MIAMI FL 33186



2. Principal Place of Business 3. Mailing Address
17304 WALKER AVENUE 17304 WALKER AVENUE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 125 SUITE 125
 City & State City & State
MIAMI FL MIAMI FL
 Zip Country Zip Country
33157 Dade 33157 DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1062042** Applied For ☐ Not Applicable ☐
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BLOUNT, BRIDGET STACY A
11207 SW 132ND COURT WEST
MIAMI FL 33186

7. Name and Address of New Registered Agent
 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 _____ (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	D	<input checked="" type="checkbox"/> Delete	TITLE	BLOUNT, BRIDGET STACEY A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOUNT, BRIDGET STACEY A		NAME	17304 Walker Avenue Suite 125	
STREET ADDRESS	11207 SW 132ND COURT WEST		STREET ADDRESS	MIAMI FL 33167 (CED)	
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Nadine Blount	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	17304 Walker Avenue Suite 125	
STREET ADDRESS			STREET ADDRESS	MIAMI FL 33157 (Vice President)	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Jan Anderson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	17304 Walker Avenue Suite 125	
STREET ADDRESS			STREET ADDRESS	MIAMI FL 33157 (President)	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Stacy A. Blount** Chief Executive Officer 04-10-02 305-238-8011
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)