2003 FOR PROFIT CORPORATION

Mailing Address

ESTERO FL 33928

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

20180 SIX L'S FARM ROAD

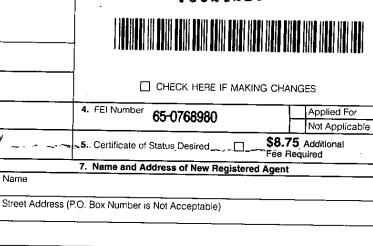
UNIFORM BUSINESS REPORT (UBR P00000116321 DOCUMENT # 1. Entity Name BLAKE NEUVILLE PLASTERING, INC.



FILED Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90862 033 ***150.00

70024218



City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable 1 (NOTE: Registered Agent signature required when reinstaling)

11.

TITLE

☐ Delete

Country

Name

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS

Country

6. Name and Address of Current Registered Agent

Principal Place of Business

20180 SIX L'S FARM ROAD

2. Principal Place of Business

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE CORAL GABLES FL 33134

Suite, Apt. #, etc.

City & State

Zip___

TITLE .

ESTERO FL 33928

Election Campaign Financing Trust Fund Contribution.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

\$5.00 May Be Added to Fees

☐ Change Addition NEUVILLE, BLAKE NAME NAME STREET ADDRESS 20180 SIX L'S FARM ROAD STREET ADDRESS CITY-ST-ZIP ESTERO FL 33928 CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . Delete TITLE. 🚅 💷 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: >