

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90635 013 ***150.00

DOCUMENT # P01000001245

1. Entity Name
BLASTGARD, INC.



Principal Place of Business
350 SORRENTO RANCHES DR
NOKOMIS FL 34275

Mailing Address
350 SORRENTO RANCHES DR
NOKOMIS FL 34275



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1109625**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON, JAMES F
350 SORRENTO RANCHES DR
NOKOMIS FL 34275

Name

MICHAEL J. GORDON

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

2926 MAGNOLIA TRACE

City

TARPON SPRINGS

FL

Zip Code

34688

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

(NOTE: Registered Agent signature required when reinstating)

DATE

MICHAEL J. GORDON - V.P.

4/14/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	GORDON, JIM	
STREET ADDRESS	350 SORRENT RANCHES	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GETTLE, GUY	
STREET ADDRESS	134 JOURNEYS END	
CITY-ST-ZIP	ALAMO CA 94507	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GORDON, MIKE	
STREET ADDRESS	2926 MAGNOLIA TRACE	
CITY-ST-ZIP	TARPON SPRINGS FL 34688	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WADDELL, JR, JOHN L	
STREET ADDRESS	6723 FAWNCLIFF DRIVE	
CITY-ST-ZIP	HOUSTON TX 77069-3233	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKE, JAMES A	
STREET ADDRESS	1004 EMERALD DRIVE	
CITY-ST-ZIP	ALEXANDRIA VA 22308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

727-204-6374

Daytime Phone #

CR2E034 (10/02)