

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

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

0123062 AV

04-03-2003 90146 019 ***150.00

DOCUMENT # P01000037624



1. Entity Name
BLOCK GROUP REAL ESTATE, INC.

Principal Place of Business
**4165 DOW ROAD #39
MELBOURNE FL 32934**

Mailing Address
**1845 N HWY A1A, #501
INDIALANTIC FL 32903**



2. Principal Place of Business
3915 RAMBLEWOOD CT

3. Mailing Address
3915 RAMBLEWOOD CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MELBOURNE

City & State
Melbourne FL

4. FEI Number
59-3712771

Applied For
 Not Applicable

Zip
FL 32934

Country
US

Zip
32934

Country
US

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

**BLOCK, SUSAN B
1845 N HWY A1A, #501
INDIALANTIC FL 32903**

Name
SUSAN B BLOCK

Street Address (P.O. Box Number is Not Acceptable)
3915 RAMBLEWOOD CT

City **Melbourne** **FL** Zip Code **32934**

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.

[Handwritten Signature]

(NOTE: Registered Agent signature required when reinstating)

4/1/03
DATE

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 Delete
NAME **P BLOCK, SUSAN B**
STREET ADDRESS **1845 N HWY A1A # 501**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE Change Addition
NAME **P BLOCK, SUSAN B**
STREET ADDRESS **3915 RAMBLEWOOD CT**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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 REQUIRED**

4/01/03
Date

321-223-6500
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)