

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

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90122 031 ***150.00

DOCUMENT # **PO1000053488**

1. Entity Name

BLEND Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

156 13th Ave NE

Suite, Apt. #, etc.

3. Mailing Address

156 13th Ave NE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St. Pete., FL

Zip
33701

Country
USA

City & State
St. Pete., FL

Zip
33701

Country
USA

4. FEI Number

48-1253763

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **David M. McMahon**

Street Address (P.O. Box Number is Not Acceptable)
156 13th Ave N.E.

City **St. Pete.** FL Zip Code **33701**

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID M. MCMAHON OWNER 156 13th Ave NE St. Pete., FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER BETH MCMAHON 156 13th Ave NE St. Pete., FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with full other like empowered.

SIGNATURE:

DAVID M. MCMAHON

4-01-02 727-898-7108

Date Daytime Phone #