

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

DOCUMENT # **PO1000056483**

1. Entity Name

Blethen, Inc

FILED

02 MAY 22 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 Kirkland Cr

Suite, Apt. #, etc.

Dunedin Fl. 3

City & State

3. Mailing Address

500 Kirkland Cr

Suite, Apt. #, etc.

City & State

Dunedin Fl

04/22/02 90268 026 \$150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip **34698**

County

Pinnellas

Zip **34698**

Country

Pinellas

7. Name and Address of Current Registered Agent

Name

Diana Blethen

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

500 Kirkland Cr

City

Dunedin

FL

Zip Code **34698**

**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

Diana J. Blethen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**ORIGINAL 4-8-02
5-20-02**

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	President Charles Blethen 500 KIRKLAND CR DUNEDIN, FL. 34698	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Diana Blethen 500 Kirkland Cr. Dunedin Fl. 34698	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

SIGNATURE:

Diana J. Blethen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORIGINAL 4-8-02

5-20-02

727-734-

Date

Daytime Phone

3375