

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90823 030 ***150.00

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DOCUMENT # P01000069638

1. Entity Name
BLODGETT, INC.

Principal Place of Business
**615 MARIVA AVENUE NORTH
 CLEARWATER FL 33755**

Mailing Address
**615 MARIVA AVENUE NORTH
 CLEARWATER FL 33755**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
219 TARPON INDUSTRIAL DR.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
TARPON SPRINGS, FL

City & State

4. FEI Number
59-3732861

Applied For
 Not Applicable

Zip
34689

Country
FLORIDA

Zip Country

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

**SPIEGEL & UTRERA, P.A.
 1840 SOUTHWEST 22 STREET
 4TH FLOOR
 MIAMI FL 33145**

Name
RICHARD BLODGETT
 Street Address (P.O. Box Number is Not Acceptable)
615 MARIVA AVENUE NORTH
 City
CLEARWATER FL Zip Code
33755

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

DATE
3/18/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSTD
 BLODGETT, RICHARD B
 615 MARIVA AVENUE NORTH
 CLEARWATER FL 33755** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 BLODGETT, ELAINE F
 615 MARIVA AVENUE NORTH
 CLEARWATER FL 33755** ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 Block 12 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

DATE
3/18/02

DAYTIME PHONE #
727 934 1350

CR2E034 (9/01)