2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE SIGNATURE SOCIALINA, speed or primed name of impostered agent and into a applicable. [NOTE Reglaced Apent signature inequated when initiating) PILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Marker Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5,00 May Be Added to Fees Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT II TITLE SHEPT ADDITIONS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT II Change Addition NAME SIRET ADDITIONS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT II Change Addition 13. Change Addition 14. Change Addition 15. Change Addition	200	2 UNIFORM BUS	INESS REP	ORT	(ÜBI	R)	Apr 2	FIL 23, 20		8:00 an	
Mailing Address 48. SW POPT ST. LUCE BLVD. 49. SW POPT ST. LUCE BLVD. 59. SUBJEC CONTY 50. SUBJECT CO	DOCUMENT # P0100086679 1. Entity Name					_					
48 SEY CONTYST, LIDGE BUD. 48T SEY PORT ST, LIDGE R, 54893 2. Principal Place of Business Suite, Apr. 4, etc. Suite, Apr. 4, etc. Suite, Apr. 4, etc. Suite, Apr. 4, etc. City & State City & State City & State Country Zip Zip Zip Zip Zip Zip Zip Zi	THE BLC	ONDE, INC. OF PSL					02-20	-2002 9005	3 012 *	**150.00	
SURFACE SURFE C PORT ST. LUCE FL. 34803 2. Principal Place of Gusiness 2. A Maining Address 2. Suite, Apr. 4, arc City & State A FEI Number of Desired For Placement and Address of Current Plagistered Agent A State Apr. 4, arc City & State A FEI Number of Desired For Placement Agent A Remark of Mark Desired For Placement Agent A Part Andress (P.O. Box Number is Not Acceptable) For State City FL Zip Code A Test May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee will be \$650.00 After May 1, 2002 Fe			<u> </u>								
Suite, Apt 4, etc. City 5 State	-SUITE C SUITE C) (Partiner in earla) (ryk ábnik athir abnir anni úzyá anna bhír ládha leir ladd				
City & State Ci	2. Principal Place of Business 3. Mailing Address						- THEN THE IN COURT WHILE CONTROL CONT				
Security	Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				DO NOT WI	RITE IN THIS SP	ACE	-	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. Name. Name. Name. Name and Address of New Registered Agent Name. Name. Name. Name. Name and Address of New Registered Agent Name. Name. Name and Address of New Registered Agent Name. Name. Name. Name. Name and Address of New Registered Agent Name. Name. Name. Name and Address of New Registered Agent Name and Address of New Registered	City & Star	te	City & State	City & State			91-055	5539			
Name	Zip			Count	ry 		Fee Required				
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The apove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Square, speat or prison named or registered agent and to a statistic prison named or registered agent and the state of Florida. PLE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS THE OFFICERS AND DIRECTORS THE OFFICERS AND DIRECTORS 11 OFFICERS AND DIRECTORS 12 OFFICERS AND DIRECTORS 15 THE OFFICER AND DIRECTORS 15 THE OWNER STREET ADDRESS STREET ADDRE		6. Name and Address of Current	Registered Agent		- Name	7.	Name and Address of New	Registered Ag	ent	-	
PORT ST. LUCIE FL. 34983 City FL Zip Codo 8. The appove named entity submits this slatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SiGNATURE Symmetry registered agent and to the subject limits Code	·					ddress (P.O.	(P.O. Box Number is Not Acceptable)				
A. 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. 1. In						•					
SIGNATURE This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 After May 1,					City		FL Zip Code			le	
THE OUNTER AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SHAPON L. HAWK! INS STREET ADDRESS STREET ADDR	9. This corporate filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After May 1, 2	VIII FEE	IS \$150.0 vill be \$5	00 50.00	10. Election Campaign I	inancing			
TITLE MANUE SHAPOD L. HAWKINS SIREF ADDRESS SITY-ST-ZIP TITLE MANUE SIREF ADDRESS CITY-ST-ZIP SIREF AD							DOITIONS/CHANGES TO OF	FICERS AND D	RECTOR	S IN 11	
TITLE MANE MANE STREET ADDRESS CITY-ST-ZIP TITLE MANE ST	TITLE	OWNER CHARRY	NOS Delete	TITLE		- 4 31					
TITLE MANE MANE STREET ADDRESS CITY-ST-ZIP TITLE MANE ST		2157 SW MONTERRE	460			' 				E034	
TITLE Delete TITLE NAME STREET ADDRESS CTY - ST - ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete Dele	NAME STREET ADDRESS	TORT 3. POSIC .		NAME Stree	T ADDRESS				Change	Addition	
CITY-ST-ZIP CITY-	TITLE NAME		☐ Delete	TITLE				[Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-S		. •	- نده منه منه بد ره در		1						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE ITTLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	LAME		□ Delete	name Stree				C	_ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	→	ST-ZIP				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI	STREET ADDRESS			STREE							
CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information	IAME		☐ Delete	NAME	T ADDRESS			C	Change	☐ Addition	
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	13. I hereby o	certify that the information supplied with	this filling does not qualify for	or the exem	ption state	ed in Section	119.07(3)(I), Florida Statutes	. I further certify	that the in	nformation or director	