

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

03-03-2003 90953 027 ***150.00

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

DOCUMENT # P01000101271

1. Entity Name
BL INVESTMENT GROUP, INC.



Principal Place of Business
3202 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

Mailing Address
3202 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

2. Principal Place of Business
4745 Sutton Park Court

Suite, Apt. #, etc.
Building 500, Suite 501

City & State
Jacksonville, FL

Zip Country
32224 U.S.A.

3. Mailing Address
4745 Sutton Park Court

Suite, Apt. #, etc.
Building 500, Suite 501

City & State
Jacksonville, FL

Zip Country
32224 U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3751488

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTLETT & DEAL, P.A.
135 PROFESSIONAL DR., STE. 101
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

(NOTE: Registered Agent signature required when resigning)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
LENDRY, BRYAN
3202 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
4745 Sutton Park Court
Bldg. 500, Ste. 501
Jacksonville, FL 32224

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)