

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90309 024 \*\*\*150.00

32017



DO NOT WRITE IN THIS SPACE

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000103258**

1. Entity Name  
**BLV, INC.**

Principal Place of Business

**410 WARE BLVD.  
SUITE 1030  
TAMPA FL 33619**

Mailing Address

**410 WARE BLVD.  
SUITE 1030  
TAMPA FL 33619**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3753918**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional -  
Fee Required**

6. Name and Address of Current Registered Agent

**MCDERMOTT, MICHAEL J  
791 WEST LUMSDEN ROAD  
BRANDON FL 33511**

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.

SIGNATURE

Signature, typed or printed name of registered agent and date 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) ☐

**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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>BURKE, MICHAEL SR</b>			
	<b>5128 WILLOWLEAF DR</b>			
	<b>SARASOTA FL 34241</b>			
	<b>D</b>			
	<b>VALENTE, JAMES</b>			
	<b>6106 OAKS BLVD.</b>			
	<b>BRADENTON FL 34209</b>			
	<b>D</b>			
	<b>MUNCRIEF, LAWRENCE</b>			
	<b>1727 PROSPECT ST</b>			
	<b>SARASOTA FL 34239</b>			

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL BURKE SR.**

Date

**4-11-02 813621**

Daytime Phone

**7400**

CR2E034 (9/01)