

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**


04-02-2003 90104 002 \*\*\*150.00

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

55041862



CHECK HERE IF MAKING CHANGES

<b>DOCUMENT #</b> P01000119073			
1. Entity Name SANDI BLAZINA, P.A.			
Principal Place of Business 331 EMERALD BAY CIR., #V-5 NAPLES FL 34110		Mailing Address 331 EMERALD BAY CIR., #V-5 NAPLES FL 34110	
2. Principal Place of Business 28617 PIENZA CT. Suite, Apt. #, etc.		3. Mailing Address 28617 PIENZA CT. Suite, Apt. #, etc.	
City & State Bonita Springs FL		City & State Bonita Springs FL	
4. FEI Number 59-3761019		Applied For <input type="checkbox"/> Not Applicable	
Zip 34135		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BLAZINA, SANDI 331 EMERALD BAY CIR., #V-5 NAPLES FL 34110		7. Name and Address of New Registered Agent Name: SANDI BLAZINA P.A. Street Address (P.O. Box Number is Not Acceptable): 28617 PIENZA CT. City: Bonita Springs FL Zip Code: 34135	
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: <u>Sandi Blazina P.A.</u> DATE: <u>5/19/03</u> <small>Signature must be printed name of registered agent and file # applicable. (NOTE: Registered Agent Signature required when registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$350.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SANDI BLAZINA 28617 PIENZA CT. Bonita Springs FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Sandi Blazina P.A.</u>		DATE: <u>4/1/03</u> PHONE: <u>239-591-3390</u>	

CR2E034 (10/02)