

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90156 031 ***150.00

DOCUMENT # P02000068919

1. Entity Name
BLOSSOM HEALTH PRODUCTS, INC



Principal Place of Business
**1518 SOUTH MISSOURI AVE
SUITE B
CLEARWATER, FL 33756**

Mailing Address
**1518 SOUTH MISSOURI AVE
SUITE B
CLEARWATER, FL 33756**

2. Principal Place of Business
12087 93rd Way
Suite, Apt. #, etc.

3. Mailing Address
12087 93rd Way
Suite, Apt. #, etc.

City & State
LARGO, FL

City & State
LARGO, FL

4. FEI Number
01-0720192

Applied For
☐ Not Applicable

Zip Country
33773 USA

Zip Country
33773 USA

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

6. Name and Address of Current Registered Agent

**BURKHOLDER, WILLIAM E
1518 SOUTH MISSOURI AVE
LARGO FL 33756**

7. Name and Address of New Registered Agent

Name **David J. Burkholder**
Street Address (P.O. Box Number is Not Acceptable)
12087 93rd Way
City **LARGO** FL Zip Code **33773**

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]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	P	<input checked="" type="checkbox"/> Delete
NAME	BURKHOLDER, WILLIAM E	
STREET ADDRESS	1518 SOUTH MISSOURI AVE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	President	<input type="checkbox"/> Delete
NAME	David J. Burkholder	
STREET ADDRESS	12087 93rd Way	
CITY-ST-ZIP	LARGO, FL 33773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-01-03 727-439-4404

Date

Daytime Phone #

CR2E034 (10/02)