

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90203 012 ***150.00

DOCUMENT # P02000078728



1. Entity Name
GOLD BLAZE, INC.

Principal Place of Business
600 SOUTH SUMMERLINE AVENUE
ORLANDO FL 32801

Mailing Address
600 SOUTH SUMMERLINE AVENUE
ORLANDO FL 32801



2. Principal Place of Business
613 S. Summerlin Ave.
Suite, Apt. #, etc.

3. Mailing Address
613 S. Summerlin Ave.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
01-0729511

Applied For
 Not Applicable

Zip Country
32801 USA

Zip Country
32801 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOISE, STEPHANIE
600 SOUTH SUMMERLINE AVENUE
ORLANDO FL 32801

Name Stephanie Bloise

Street Address (P.O. Box Number is Not Acceptable)

613 S. Summerlin Ave.

City Orlando State FL Zip Code 32801

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] Stephanie Bloise, President 2/11/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<u>President / Director</u> <input type="checkbox"/> Delete
NAME	<u>Stephanie Bloise</u>
STREET ADDRESS	<u>613 S. Summerlin Ave.</u>
CITY-ST-ZIP	<u>Orlando, FL 32801</u>
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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] Stephanie Bloise 2/11/03 407-893-5278
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)