

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 32801
Country USA

Zip 32801
Country 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

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 *Stephanie Bloise* **Stephanie Bloise, President** **2/11/03**
(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President/Director ☐ Delete
NAME Stephanie Bloise
STREET ADDRESS 613 S. Summerlin Ave.
CITY-ST-ZIP Orlando, FL 32801

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Stephanie Bloise* **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)