

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

DOCUMENT # **P02000079442**

1. Entity Name
BLISS ON PARK AVENUE, INC.



**FILED
Mar 12, 2003 8:00 am
Secretary of State**

02-21-2003 90162 045 ***150.00

Principal Place of Business
**1353 TYLER LAKE CIRCLE
ORLANDO FL 32839**

Mailing Address
**1353 TYLER LAKE CIRCLE
ORLANDO FL 32839**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **Country**

Zip **Country**

4. FEI Number

22-3859855

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOUGH, MICHAEL
1353 TYLER LAKE CIRCLE
ORLANDO FL 32839**

Name

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

635 INTERLACKEN AVE

City

Winter Park

FL

Zip Code
32789

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

MICHAEL GOUGH

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

<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PSTD GOUGH, MICHAEL 1353 TYLER LAKE CIRCLE ORLANDO FL 32839		300 N. PARK Avenue Winter Park FL 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-03

4075390550

Date

Daytime Phone #