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

## Apr 17, 2003 8:00 am Secretary of State P02000092148 DOCUMENT # 04-17-2003 90136 003 \*\*\*150.00 1. Entity Name BANKRUPTCY SPOT, INC. Principal Place of Business Mailing Address 1036 WISPER RUN COURT 1036 WISPER RUN COURT **LUTZ FL 33549** LUTZ FL 33549 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLANCO, MATIAS JR. Street Address (P.O. Box Number is Not Acceptable) 600 E. MADISON STREET **TAMPA FL 33602** City 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition ☐ Delete TITLE BLANCO, ROBERT J NAME NAME 1036 W<u>i</u>sper run Court STREET ADDRESS STREET ADDRESS LUTZ FT 33549 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition BLANCO, MATIAS JR. NAME NAMÉ STREET ADDRESS 309 13TH AVENUE N.E. STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33701 CITY-ST-ZIP ☐ Addition TITLE Delete ☐ Change TITLE NAME BLANCO, ELAINE P NAME STREET ADDRESS 1036 WISPER RUN COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ FL 33549 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

SERIE SIGNATURE: