

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90036 014 ***150.00

001105 AT

DOCUMENT # P02000130204

1. Entity Name

BLOOMFIELD ASSOCIATED GROUP, INC.



Principal Place of Business

**895 TURTLE COURT
NAPLES FL 34108**

Mailing Address

**895 TURTLE COURT
NAPLES FL 34108**

2. Principal Place of Business

1313 TURNER PI
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Naples

City & State

Naples

4. FEI Number

510437368

Applied For

Not Applicable

Zip

34110

Country

Collier

Zip

34110

Country

Collier

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JASSY, JOHN D
895 TURTLE COURT
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

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

1313 TURNER PI

City

FL

Zip Code

34110

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

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 ☐ Delete

NAME **D**
STREET ADDRESS **JASSY, JOHN D**
CITY-ST-ZIP **895 TURTLE COURT 1313 TURNER PI
NAPLES FL 34108 34110**

TITLE ☐ Delete

NAME **D**
STREET ADDRESS **JASSY, KAREN**
CITY-ST-ZIP **895 TURTLE COURT 1313 TURNER PI
NAPLES FL 34108 34110**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)