2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2004 8:00 am Secretary of State

DOCUMENT # P03000010829 1. Entity Name					Ī	04-28-2004 90232 012 ***150.00		
· · · · · · · · · · · · · · · · · · ·	BLESS AMERICA		SDAC		- (14010889		
ı	DO NOT WRITE	IN I HIS	SPAC	· C		14010003		
	lace of Business	3. Mailing Address 4855 1ST AVE S						
Suite, Apt.	#, etc: .	Suite, Apt. #, etc.				DO NOT WRITE IN THIS	SPACE	
City & State	ETERSBURG, FL	City & State ST. PETE	City & State ST. PETERSBURG, FL			11-3673941	Applied For Not Applicable	
33711 Country		Zio 33711 Count		try	5. 0	Certificate of Status Desired	\$8.75 Additional Fee Required	
			 _		7. Na	me and Address of Current Registered	Agent .	
	DO MOTIM			!≔Name==== L	DATU,	HUSS AIN A.		
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE				4855 1ST AVE S				
	114 11110 017							
				City	T PET	ERSBURG, FL	Zip Code 33711	
8. The above	pamed entity submits this statement for	the purpose of changin	g its register					
(.,		Δ.				
SIGNATURE .	\ John W		<u>JSSaiv</u>	d Agent signature	<u> </u>	instating) DATE		
	Signature: typed in printed name of registered agent an					risia(iiig)		
Tax filing requirement and elects to do so. After May 1, Amended U				1 Fee is \$150.00 Fee is \$550.00 JBR is \$61.25 to Department of State		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	DIRECTORS						
TITLE	P WILCONTAL S		TITU	1				
NAME	DATU, HUSSAIN A.			ET ADDDECS				
STREET ADDRESS -	SS 4855 AST AVE S ST. PETERSBURG, FL 33711			STREET ADDRESS CITY-ST-ZIP				
TITLE	O1. ILILIBBORG, I	<u> B 33711</u>	FITU				· · · · · · · · · · · · · · · · · · ·	
NAME	200		NAM	1			<u></u>	
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CITY-ST-ZIP			CITY	-ST-ZIP				
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NAME STREET ADDRESS			NAM STRI	ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP	DO NOT WRITE			
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NAME				E	IN THIS SPACE			
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CITY-ST-ZIP								
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TITLE			TITL					
NAME			NAM	1				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
0111-01-41C			LIII I	J, 411				

13. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-446-6656

Daytime Phone #