AMENDED 2004

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000021129

1. Entity Name

VICTOR Blasetti, INC.

FILED
04 MAY 17 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
24075203

DO NOT WRITE IN THIS SPACE

05/13/04 90007 047 $61.25
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2. Principal Place of Business	3. Mailing Address
10 Flarestone Court	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM COAST FL	City & State
Zip: 32137 Country: Flagler	Zip Country

4. FEI Number: 06-1679108 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: VICTOR Blasetti

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

10 Flarestone Court

City: PALM COAST FL Zip Code: 32137

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: Victor Blasetti
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	VICTOR Blasetti PRESIDENT
NAME	
STREET ADDRESS	10 Flarestone Court
CITY-ST-ZIP	PALM COAST FL 32137
TITLE	SEC
NAME	JOHN RAPICKA
STREET ADDRESS	18 KANKAKEE TRAIL
CITY-ST-ZIP	PALM COAST FL 32164
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Victor Blasetti 4/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #