

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90339 025 ***150.00

DOCUMENT # P04000019797

1. Entity Name
BLACKBURN POINT BUSINESS CENTER, INC.



Principal Place of Business
31 SARASOTA CENTER BLVD
SARASOTA, FL 34240

Mailing Address
31 SARASOTA CENTER BLVD
SARASOTA, FL 34240



02172006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0842255

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SABA, RICHARD
2033 MAIN ST STE 303
SARASOTA, FL 34237

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME LEPORE, MICHAEL R
STREET ADDRESS 31 SARASOTA CENTER BLVD
CITY-ST-ZIP SARASOTA, FL 34240

TITLE V
NAME BANKEMPER, MARIA
STREET ADDRESS 31 SARASOTA CENTER BLVD
CITY-ST-ZIP SARASOTA, FL 34240

TITLE V
NAME BANKEMPER, EDWARD L.
STREET ADDRESS 31 SARASOTA CENTER BLVD.
CITY-ST-ZIP SARASOTA, FL 34240

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-06 944-379-8777

Date

Daytime Phone #