

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**  
 03-06-2001 90339 037 \*\*\*150.00

0570298

**DOCUMENT # P07283**

1. Entity Name  
**BLAZER BUILDING, INC.**

Principal Place of Business <b>6363 WOODWAY          SUITE 320          HOUSTON TX 77057-715          US</b>	Mailing Address <b>6363 WOODWAY          SUITE 320          HOUSTON TX 77057-715          US</b>
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**00022065**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>74-1973816</b>	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

**SHAHADY, THOMAS R ESQ.  
 % HOUSTON & SHAHADY, P.A.  
 100 NE 3RD AVE., SUITE 850  
 FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City **FL** Zip Code \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME <input type="checkbox"/> Delete	<b>P RICHARDSON, CHRIS</b>
STREET ADDRESS	<b>6363 WOODWAY, SUITE 320</b>
CITY-ST-ZIP	<b>HOUSTON TX 15</b>
TITLE NAME <input type="checkbox"/> Delete	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Chris Richardson, President *Chris Richardson* **02/22/01** **713.914.9200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)