2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P13460 **DOCUMENT #** 1. Entity Name B.L.K. ASSOCIATES, INC. Principal Place of Business Mailing Address



FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90088 036 ***150.00

| 8600 S OCE | AN DRIVE | marine and a second | 8600 S OCEAN DRIVE SUITE PHI | | | | 9000476 | 5 | |
|--|--------------------------|-------------------------------------|---|--|--------------|---|---|-------------------|--|
| JENSEN BEACH FL 34957 | | | JENSEN BEACH FL 34957 | | | | Bibli bibli bibli bibli bibli bibli bi | 211 1 2 81 | |
| US 2. Principal Place of Business | | | US | | | | | | |
| 3863 W. SHAdow Creek Loop | | | 3. Mailing Address 3863 W. SHADOW CREEK LOOP | | | i semilant ini tenan itili 4thia ditili Ath | 41911 11911 11911 41911 41911 417 | 111 (BB) | |
| Suite, Apt | | <i>,</i> | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF M | AKING CHANGES | | |
| City & Sta Lec | SINA | FL | City & State LecanTo, | FL | 4. | . FEI Number 35-1565298 | Applied Not App | d For plicable | |
| Zip 344 | 61 | Country -U-SA | 34461 | Country USA ==== | 5. | Certificate of Status Desired [| \$8.75 Additional | | |
| | 6. Name a | and Address of Current R | legistered Agent | | 7. | 7. Name and Address of New Registered Agent | | | |
| | | | | Name | | | | | |
| | | CE COMPANY | • | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| • | YS STREET | | | | | | | | |
| TALLAMA | SSEE FL 323 | 301-0000 | | | | | | | |
| | | | | 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. I am familiar with, and accept | | | | | | | | | |
| the obligations of registered agent. | | | | | | | | | |
| SIGNATURE | <u> </u> | To the same | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| | | FEE IS \$150.00 | | | | 9. Election Campaign Financir | 9 \$5.00 Ma | av Bé | |
| After May 1, 2003 Fee will be \$550.00 Shake Check Payable to Florida Department of State Trust Fund Contribution. | | | | | | | | | |
| 10. | | OFFICERS AND D | IRECTORS | 11. | Α | DDITIONS/CHANGES TO OFFICER | S AND DIRECTORS IN 1 | 11 | |
| TITLE | PD | | Delete | TITLE PE | | HRIE, W. Lewis | | Addition | |
| NAME STREET ADDRESS | GUTHRIE, V | | | NAME | 201 | 3 W. SHAdow CR. | eakloop | | |
| CITY-ST-ZIP | | ean drive suite PH1 ACH FL 34957 | | STREET ADDRESS CITY-ST-ZIP | | CANTO FL 34461 | | ٠ | |
| TITLE | VS | | Delete | TITLE | 10 | .= | _, | Addition | |
| NAME | GUTHRIE, E | | 9 | NAME | G_{ι} | ITHRIE, BARBARA | 71 | | |
| STREET ADDRESS CITY-ST-ZIP | | EAN DRIVE SUITE PH1 | | STREET ADDRESS | 38 | 163 W. SHAduN CRE ECANTO - FC 3446 | ek Loup | ĺ | |
| TITLE | | ACH FL 34957 | | CITY-ST-ZIP | | ecanto - FL 3446 | / · · · · · · · · · · · · · · · · · · · | | |
| NAME | td Guthrie, B | ADRADA A | Delete | TITLE / | TD A | | E Change ☐ / | Addition | |
| STREET ADDRESS | | EAN DRIVE SUITE PH1 | | STREET ADDRESS | 1 | SAMO 11 | | | |
| CITY-ST-ZIP | | ACH FL 34957 | | CITY-ST-ZIP | - | | | | |
| TITLE | D | _ | ☐ Delete | TITLE | | | ☐ Change ☐ | Addition | |
| NAME STREET ADDRESS | GUTHRIE, L | | | NAME | | | | | |
| CITY-ST-ZIP | 1629 SE MA PORTLAND | | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE | D | 011 37 202 | Delete | TITLE 7 |) | -una trans | / M Change D | Addition | |
| NAME | GUTHRIE, K | | Tale manage | NAME | Gu | THRIR, KARREN 863.W. SHAdow C LECANTO, FL 3 | ا مانسان سام ا | } | |
| STREET ADDRESS | | EAN DRIVE PHI | | STREET ADDRESS | 38 | 63.M. ZHAGOW C | reek Loop | | |
| CITY-ST-ZIP | JENSEN BE | ACH FL 34957 | | CITY-ST-ZIP | | LECANIO, to S | <u> </u> | | |
| TITLE NAME | | | ☐ Delete | TITLE NAME | | | ☐ Change ☐ A | Addition | |
| STREET ADDRESS | | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | • | | } | |
| 12. I hereby o | certify that the in | nformation supplied with the | is filing does not qualify for | the exemption stated | d in Section | 119.07(3)(i), Florida Statutes. I furthe | er certify that the informa | ation | |

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: