

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000012336

1. Entity Name

CRISWELL BLIZZARD & BLOUIN, ARCHITECTS, INCORPOR

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90016 029 \*\*\*558.75

Principal Place of Business

ONE PROGRESS PLAZA  
7TH FLOOR  
ST. PETERSBURG FL 33701  
US

Mailing Address

ONE PROGRESS PLAZA  
7TH FLOOR  
ST. PETERSBURG FL 33701  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3156621

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

XX

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLIZZARD, WILLIAM S  
ONE PROGRESS PLAZA  
7TH FLOOR  
ST PETERSBURG FL 33701

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

PD

☐ Delete

NAME

BLIZZARD, WILLIAM S

STREET ADDRESS

1560 GULF BLVD. #904

CITY-ST-ZIP

CLEARWATER FL 34630

TITLE

V

☐ Delete

NAME

ROGERS, MARK J

STREET ADDRESS

154 BOSPHOROUS AVE

CITY-ST-ZIP

TAMPA FL 33704

TITLE

VD

☐ Delete

NAME

CRISWELL, WILLIAM N

STREET ADDRESS

2020 OAK STREET

CITY-ST-ZIP

ST PETERSBURG FL 33704

TITLE

ST

☒ Delete

NAME

RASQUERO, MARCIA D

STREET ADDRESS

1977 BROOKSTONE WAY

CITY-ST-ZIP

CLEARWATER FL 33760

TITLE

VD

☐ Delete

NAME

COCHRAN, JOHN R JR

STREET ADDRESS

4611 PLAYER COURT

CITY-ST-ZIP

TAMPA FL 33624

TITLE

VD

☐ Delete

NAME

BLOUIN, JOSEPH E JR

STREET ADDRESS

4508 ROSEMERIE BLVD.

CITY-ST-ZIP

TAMPA FL 33609

TITLE

D

☐ Change ☒ Addition

NAME

Arroyo, Leandro A.

STREET ADDRESS

3924 Emperado Street

CITY-ST-ZIP

Tampa, FL 33629

TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

☐ Change ☐ Addition

NAME

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00

Date

727-822-2323

Daytime Phone #

CR2E034 (5/00)