

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 02, 2001 08:00 AM**
Secretary of State**DOCUMENT # P92000012336**1. Entity Name
CRISWELL BLIZZARD & BLOUIN, ARCHITECTS, INCORPORATED

Principal Place of Business	Mailing Address
ONE PROGRESS PLAZA	ONE PROGRESS PLAZA
7TH FLOOR	7TH FLOOR
ST. PETERSBURG FL	ST. PETERSBURG FL
33701 US	33701 US

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
59-3156621

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**7. Name and Address of New Registered Agent****BLIZZARD WILLIAM S**
ONE PROGRESS PLAZA
7TH FLOOR
ST PETERSBURG FL
33701 US

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 _____ **01/02/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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	VD	<input type="checkbox"/> Delete
NAME	BLOUIN JOSEPH EJR	
STREET ADDRESS	4508 ROSEMERE BLVD.	
CITY-ST-ZIP	TAMPA FL 33609	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	COCHRAN JOHN RJR	
STREET ADDRESS	4611 PLAYER COURT	
CITY-ST-ZIP	TAMPA FL 33624	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	ARROYO LEANDRO A	
STREET ADDRESS	3924 EMPERADO STREET	
CITY-ST-ZIP	TAMPA FL 33629	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	CRISWELL WILLIAM N	
STREET ADDRESS	2020 OAK STREET	
CITY-ST-ZIP	ST PETERSBURG FL 33704	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISWELL WILLIAM N	
STREET ADDRESS	2400 FEATHERSOUND DRIVE #321	
CITY-ST-ZIP	CLEARWATER FL 33762	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROGERS MARK J	
STREET ADDRESS	154 BOSPHOROUS AVE	
CITY-ST-ZIP	TAMPA FL 33704	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLIZZARD WILLIAM S	
STREET ADDRESS	1560 GULF BLVD. #904	
CITY-ST-ZIP	CLEARWATER FL 34630	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLIZZARD WILLIAM S	
STREET ADDRESS	4503 W. SYLVAN RAMBLE STREET	
CITY-ST-ZIP	TAMPA FL 33609	

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: William S. Blizzard

PD

01/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)