FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91141 033 ***150.00

DOCUMENT # P93000073378 (0)

1. Entity Name
Business Blocks Inc

DO NOT WRITE IN THIS SPACE

666167

2. Principal Place of Business		3. Mailing Address	
7601 N Fl Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Citrus Spr Fl		City & State	
Zip 34434	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3210770 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: John J Ceparano
Street Address (P.O. Box Number is Not Acceptable): 7601 N Fl Ave
City: Citrus Spr **FL** Zip Code 34434

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P	TITLE	
NAME	Ceparano, John J	NAME	
STREET ADDRESS	7601 N Fl Ave	STREET ADDRESS	
CITY-ST-ZIP	Citrus Spr Fl 34434	CITY-ST-ZIP	
TITLE	DVP	TITLE	
NAME	Ceparano, Mary Ann	NAME	
STREET ADDRESS	7601 N Fl Ave	STREET ADDRESS	
CITY-ST-ZIP	Citrus Spr FL 34434	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mary A Ceparano 4/18/02 352 465-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #