

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000014221

1. Entity Name

SOUTH FLORIDA BLUEPRINT, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90055 016 ***150.00

Principal Place of Business

2150 SANTA BARBARA BLVD.
NAPLES FL 34116

Mailing Address

2150 SANTA BARBARA BLVD.
NAPLES FL 34116

00026285

2. Principal Place of Business

3564 WINDJAMMER CIRCLE

3. Mailing Address

3564 WINDJAMMER CIRCLE

Suite, Apt. #, etc.

1203

Suite, Apt. #, etc.

1203

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

33962

Country

Zip

33962

Country

1

4. FEI Number

65-0468696

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, ROBERT H

3564 WINDJAMMER CIRCLE

#1203

NAPLES FL 33962

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME WILSON, ROBERT H ☐ Delete
STREET ADDRESS 3564 WINDJAMMER CIRCLE #1203
CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME WILSON, CATHERINE L ☐ Delete
STREET ADDRESS 3564 WINDJAMMER CIRCLE
CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Delete
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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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)