

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**  
 05-05-2002 90076 026 \*\*\*150.00

0541717 AV

**DOCUMENT # P95000029427**

1. Entity Name  
**BLUFF, INC.**

Principal Place of Business  
**10916 ATLANTIC BLVD.  
 UNIT 6  
 JACKSONVILLE FL 32225**

Mailing Address  
**P.O. BOX 489  
 NEW PORT RICHEY FL 34656-0489**

844773



DO NOT WRITE IN THIS SPACE

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

**59-3320898**

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

**SHEAR, ROBERT L  
 2600 MCCORMICK DR  
 SUITE 230  
 CLEARWATER FL 34619**

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, 2002 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 NAME ☐ Delete  
**DP SMITH, CHRISTOPHER A**  
 STREET ADDRESS **7223 STATE ROAD 52**  
 CITY-ST-ZIP **HUDSON FL 34667**

☒ Change ☐ Addition  
**7511 Westshore Drive  
 New Port Richey, FL 34652**

TITLE NAME ☐ Delete  
**DST PHILLIPS, JEFF**  
 STREET ADDRESS **7223 STATE ROAD 52**  
 CITY-ST-ZIP **HUDSON FL 34667**

☒ Change ☐ Addition  
**2666 Delorean St.  
 Fernandina Beach, FL 32034**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☒ Addition  
**Belmont, Douglas  
 10040 Doe Court  
 Port Richey, FL 34668**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☒ Addition  
**Wernberger, Mark  
 2001 Hodges Blvd. #1307  
 Jacksonville, FL 32224**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 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.

CR2E034 (9/01)

SIGNATURE: *Signature of Christopher A Smith*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 641-4242  
 Date Daytime Phone #