

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90087 023 ***150.00

DOCUMENT # P95000084619

1. Entity Name
BLODGETT AND SABO, INC.



Principal Place of Business
1134 WESTON ROAD
FORT LAUDERDALE FL 33326

Mailing Address
1134 WESTON ROAD
FORT LAUDERDALE FL 33326

2. Principal Place of Business

1160 Weston Road
Suite, Apt. #, etc.

3. Mailing Address

1160 Weston Road
Suite, Apt. #, etc.



☒ **CHECK HERE IF MAKING CHANGES**

City & State **Fort Lauderdale, FL** **City & State** **Fort Lauderdale, FL** **4. FEI Number** **65-0625217** **Applied For**
Not Applicable

Zip **33326** **County** **Broward** **Zip** **33326** **County** **Broward** **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**
BLODGETT, PAUL A **Name**
433 PLAZA REAL **Street Address (P.O. Box Number is Not Acceptable)**
STE 275
BOCA RATON FL 33432 **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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *Paul A. Blodgett* **DATE** **1/29/03**
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 **9. Election Campaign Financing** ☐ **\$5.00 May Be**
After May 1, 2003 Fee will be \$550.00 **Trust Fund Contribution.** **Added to Fees**
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SABO, PETER		NAME		
STREET ADDRESS	1134 WESTON ROAD		STREET ADDRESS	1160 WESTON ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326		CITY-ST-ZIP	WESTON, FL 33326	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLODGETT, PAUL A		NAME		
STREET ADDRESS	433 PLAZA REAL STE 275		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul A. Blodgett* **DATE** **1/29/03** **Daytime Phone #** **561-414-2757**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)