2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jun 18, 2003 8:00 am Secretary of State DOCUMENT # P95000091311 1. Entity Name BLAIS ENTERPRISES, INC. 05-05-2003 91153 042 \*\*\*150.00 Malling Address Principal Place of Business 201 E PINE ST 5691 VINELAND RD. ORLANDO, FL 32819 STE 801 ORLANDO, FL 32801 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3345488 Not Applicable Ζlp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLAIS, JACQUES D 201 E. PINE ST. Street Address (P.O. Box Number is Not Acceptable) SUITE 801 ---ORLANDO, FL 32801 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 Semeture, record or primed sema of excitational scent and title I applicable NOTE: Beginned Assett Samurum musical when mineratively DATE FUE NOVALTHERS (1500) - NOVALTHERS (1500) - NOVALTHERS (1500) - NOVALTHERS (1500) - NOVALTHERS (1500) 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Dekele TRIE Addition CRZE034 (10/02) ☐ Channe NAME BLAIS, JACQUES D NAME 5691 VINELAND RD. STREET ADDRESS STREET ADDRESS ORLANDO, FL 32819 CITY-ST-ZP CITY-ST-ZIP TITLE $\mathbf{p}|_{\mathbf{P}}$ ☐ Delete TELE ☐ Change Addition NAME BLAIS, TERESA A NAME STREET ADDRESS 5691 VINELAND RD. STREET ADDRESS ORLANDO, FL 32819 COY-ST-24 CATY-51-ZP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P COTY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NALE STREET ADDRESS STREET ADDRESS CITY-ST-2P CAY-51-21P TITLE ☐ Deiete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS City-St-26 CGY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(TY-ST-2)P 12. Thereby 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.

Blais

MATURE AND TYPED OR PIENTED NAME OF SIGNING OFFICER OR DIFFECTOR

FILED