2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000005468** Apr 19, 2000 8:00 am Secretary of State BLOTTS, INC. 04-19-2000 90008 045 ***150.00 Principal Place of Business Mailing Address 2758 PARK ROYAL DRIVE 5770 W. HIGHWAY 192 WINDERMERE FL 34786-8209 #424 KISSIMMEE FL 32746 U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3424655 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name_ PETERSON, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 5770 W. HIGHWAY 192 #424 KISSIMMEE FL 32746 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 DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition Change TITLE □ Delete TITLE PETERSON, ROBERT D NAME NAME STREET ADDRESS 2758 PARK ROYAL DRIVE STREET ADDRESS CITY-ST-ZIP WINDERMERE FL 34786 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE PETERSON, ROBERT D NAME NAME 2758 PAK ROYAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINDERMERE FL 34786 CITY-ST-ZIP ☐ Addition TITLE Change TITLE □ Delete NAME-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

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2-1-00 407-295-9930

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