

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90073 010 \*\*\*150.00

**DOCUMENT # P97000015107**

**1. Entity Name**  
**CBLM, INC.**



**Principal Place of Business**

**704 BLACK OAK COURT  
ST AUGUSTINE FL 32084**

**Mailing Address**

**704 BLACK OAK COURT  
ST AUGUSTINE FL 32084**

**90017241**



**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**

**59-3434286**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**BRANT MOORE MACDONALD & WELLS, PA  
50 NORTH LAURA STREET  
SUITE 3100  
JACKSONVILLE FL 32202**

**7. Name and Address of New Registered Agent**

Name

**Blayne Bosse**

Street Address (P.O. Box Number is Not Acceptable)

**704 Black Oak Ct.**

City

**St. Augustine**

**FL**

Zip Code

**32086**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	BOSSE, BLAYNE	
STREET ADDRESS	704 BLACK OAK COURT	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	POTENSKY, CHRISTOPHER	
STREET ADDRESS	6787 WILLOW LANE	
CITY-ST-ZIP	MASON OH 45040	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**Blayne Bosse, Pres**

Date

**1/10/03**

Daytime Phone #

**904-377-0558**

CR2E034 (10/02)