

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064378

1. Entity Name

JON BLOSS BLEHAR, A.I.A., PA, ARCHITECT, INC.

FILED

Feb 28, 2001 8:00 am  
Secretary of State

02-28-2001 90091 040 \*\*\*150.00

00020461



DO NOT WRITE IN THIS SPACE

Principal Place of Business <del>1500 S. OLIVE AVE.</del> WEST PALM BEACH FL 33401	Mailing Address <del>1500 S. OLIVE AVE.</del> WEST PALM BEACH FL 33401
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2. Principal Place of Business 1531 N. Federal Hwy Suite, Apt. #, etc.	3. Mailing Address 1531 N. Federal Hwy. Suite, Apt. #, etc.
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City & State Lake Worth, FL	City & State Lake Worth, FL
Zip 33460	Country USA

4. FEI Number 65-0763567	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BLEHAR, JON B <del>1500 S. OLIVE AVE.</del> WEST PALM BEACH FL 33401
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7. Name and Address of New Registered Agent Name (same) Street Address (P.O. Box Number is Not Acceptable) 1531 N. Federal Hwy City LAKE WORTH FL Zip Code 33460
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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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLEHAR, JON B 1500 S. OLIVE AVE. WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLEHAR, JACK F 1709 MEADOW VALLEY LN DALLAS TX 75232 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLEHAR, JON B 1531 N. Federal Hwy. Lake Worth, FL 33460 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE JON B. BLEHAR, Pres 2/23/2001 493-9788 (561)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)