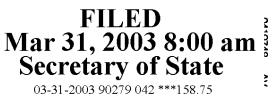
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P9/0000643/8 1. Entity Name JON BLOSS BLEHAR, A.I.A., PA, ARCHITECT, INC.					
Principal Place of Business	Mailing Address				
1531 N FEDERAL HIGHWAY	1531 N FEDERAL HIGHWAY				
AVE WORTH EL 20405	LAVE WORTH EL MACO				



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Principal Place of Business Mailing Address 1531 N FEDERAL HIGHWAY , 1531 N FEDERAL HIGHWAY LAKE WORTH FL 33460 LAKE WORTH FL 33460					ıΥ						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Principal Place of Business 3. Mailing Address									; 			LEEL 1811 1881	
Suite, Apt. #, etc. Suite, Apt. #,				e, Apt. #, etc.	#, etc.			CHECK HERE IF MAKING CHANGES					
City & State City				City & State			4. FEI Number 65-0763567				plied For t Applicable		
Zìp		Country	Zip Coun			try 5						.75 Additional Required	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
	. <u>.</u>	,A, B •	•		· z	Name 7	·		are in the second of the secon	# - · ·		`	
BLEHAR,		un.				Street Address (P.O. Box Number is Not Acceptable)							
	EDERAL HV							-					
LAKE WU	RTH FL 334	lo u							· · ·				
		*			İ	City		1		FL	Zip Code	•	
	named entit ions of regist		the purp	ose of changing its	registere	d office or	registere	d ^j age	ent, or both, in the State of Flor	ida. I am fa	miliar with,	and accept	
SIGNATURE .	<u></u>	or printed name of registered agent a	-	· · · · · · · · · · · · · · · · · · ·		I Agent signatu				DATE			
After	ILE NOW!! r May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of	State					1	Election Campaign Fina Trust Fund Contribution.	~ ~		0 May Be to Fees	
10.	<u>гъ "</u>	OFFICERS AND D	PIRECTO		11.	1		AD	DITIONS/CHANGES TO OFFIC				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Jon B Ederal Hwy .M Beach Fl 33401		Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLEHAR, 1709 MEA DALLAS T	DOW VALLEY LN		☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ne siren in		□ Delete			ži.	ļ-		_	Change	☐ Addition	
TITLE Name Street Address City-St-Zip		****		☐ Delete		T ADDRESS ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADDRESS ST-ZIP	~	-		· • • • • • • • • • • • • • • • • • • •	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete		T ADDRESS ST-ZIP					Change	Addition	
12. Thereby o	ertify that the	e information supplied with	his filing	does not qualify for	the exer	nption state	ed in Sec	tion 1	119.07(3)(i), Florida Statutes. I f	urther certif	y that the in	formation	

indicated on this report or supplemental report of the corporation or the receiver of trustee en changed, or on an attachment with an address #Het-rsy signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: