

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 09, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000004492**

1. Entity Name  
**BLEINHELM INVESTMENTS, INC.**

Principal Place of Business 877 EXECUTIVE CENTER DRIVE WEST SUITE 303 ST PETERSBURG FL 33702	Mailing Address 877 EXECUTIVE CENTER DRIVE WEST SUITE 303 ST PETERSBURG FL 33702
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2. Principal Place of Business 475 CENTRAL AVENUE	3. Mailing Address C/O ERNEST L. MASCARA, P.A.
Suite, Apt. #, etc. THE KRESS BUILDING, SUITE M-8	Suite, Apt. #, etc. 475 CENTRAL AVENUE, SUITE M-8

DO NOT WRITE IN THIS SPACE

City & State ST PETERSBURG FL	City & State ST PETERSBURG FL	4. FEI Number <b>59-3487812</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 33701	Country US	Zip 33701	Country US	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

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

MASCARA ERNEST L  
 877 EXECUTIVE CENTER DRIVE WEST  
 SUITE 303  
 ST PETERSBURG FL 33702

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

Name  
 MASCARA ERNEST L  
 Street Address (P.O. Box Number is Not Acceptable)  
 475 CENTRAL AVENUE  
 THE KRESS BUILDING, SUITE M-8  
 City  
 ST PETERSBURG FL Zip Code  
 33701

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 **ERNEST L. MASCARA**

**03/09/2001**

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

(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)

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPD MASCARA ERNEST L 877 EXECUTIVE CENTER DRIVE WEST ST PETERSBURG FL 33702 <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
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	PVPD MASCARA ERNEST L 475 CENTRAL AVENUE, SUITE M-8 ST PETERSBURG FL 33701 <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
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 all other like empowered.

SIGNATURE: **ERNEST L. MASCARA**

**P** **03/09/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)