

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

06-25-2002 90451 032 \*\*\*150.00

**DOCUMENT # P98000020435**

1. Entity Name

**BLD SERVICES, INC.**

Principal Place of Business

**3648 STOKES DRIVE  
 SARASOTA FL 34232**

Mailing Address

**3648 STOKES DRIVE  
 SARASOTA FL 34232**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0815889**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANGDON, ALLEN E  
 125 1ST AVE.  
 NOKOMIS FL 34275**

Name

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

City

**FL**

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.

(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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ Delete  
 NAME **DOUGHTY, BRUCE L**  
 STREET ADDRESS **3648 STOKES DRIVE**  
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:** *Bruce L. Doughty*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-2002**  
 Date  
**841-378-0731**  
 Daytime Phone #

CR2E034 (9/01)

Attachment BD125668  
Document #  
p98000020435

June 19, 2002

BLD Services, Inc.  
c/o Bruce Doughty  
3648 Stokes Drive  
Sarasota, FL 34232  
(941) 378-8531

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500  
(850) 488-9000

To Whom It May Concern:

While updating my accounting books, I noticed an error. I thought your form was mailed in April. I apologize for this error. Enclosed is the form with payment. Please process without delay. Again, I want to apologize for the inconvenience.

Sincerely,



Bruce L. Doughty  
President