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

A 4 - 17 - - A -1 -1 -- - -

## P98000026947 **DOCUMENT #**

1. Entity Name

SIGNATURE:

**BLONDIN MORTGAGE COMPANY** 

**FILED** Feb 27, 2003 8:00 am Secretary of State
02-27-2003 90118 033 \*\*\*150.00

Daytime Phone #

٠
---

7650 S.TAMIAMI TRAIL SUITE 8 SARASOTA FL 34231  2. Principal Place of Business	2557 TULIP ST SARASOTA FL 34239				
2553 Fruitville &	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING	CHANGES	
City & State	City & State		4 EEt Number	Applied For	
Sarasotit			65-0821750	Not Applicable	
34237 Sarasoti	4 - Zip	Country		<b>8.75</b> Additional Fee Required	
6. Name and Address of Curr	rent Registered Agent	Name	7. Name and Address of New Registered A	gent	
BLONDIN, KAREN					
2557 TULIP ST.		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34239					
		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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, type or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
f; FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550 Make Check Payable to Florida Department	.00	Togoto y gain a symmetric sequence	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND		
NAME BLONDIN, KAREN STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34239	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	Change Addition	
indicated on this report or supplemental rep-	ort is true and accurate and that m	v signature shall have the	Section 119.07(3)(i), Florida Statutes. I further certi e same legal effect as if made under oath; that I ar 07, Florida Statutes; and that my name appears in	m an officer or director	