

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032555

1. Entity Name
BLAZEJOWSKI & TORRES, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90101 018 ***150.00

Principal Place of Business
3043 WEST CLEVELAND STREET
TAMPA FL 33609

Mailing Address
3043 WEST CLEVELAND STREET
TAMPA FL 33609

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **59-3509796**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBS, RICHARD O
200 CENTRAL AVENUE
SUITE 1600
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name
BITCHAKAS, PETER J.

Street Address (P.O. Box Number is Not Acceptable)
14499 N. DALE MABRY

SUITE 280

City **TAMPA** FL Zip Code **33618**

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 *Peter J Bitchakas* DATE 4/24/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
P	BLAZEJOWSKI, CHRISTOPHER MD	3043 W CLEVELAND ST	TAMPA FL 33609	<input type="checkbox"/>
V	TORRES, CHRISTINE MD	3043 W CLEVELAND ST	TAMPA FL 33609	<input type="checkbox"/>
M	BITCHAKAS, PETER J	14499 N DALE MABRY, SUITE 230	TAMPA FL 33618	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Peter J Bitchakas* DATE 4/24/01 DAYTIME PHONE # 813-963-0177x228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24633920

CR2E034 (10/00)