

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000044296**

1. Entity Name

BLITZFOIL USA, INC.**FILED**
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90105 013 ***150.00

0533719

Principal Place of Business

**1415 DEAN STREET
FORT MYERS FL 33902**

Mailing Address

**POST OFFICE BOX 788
FORT MYERS FL 33902-0788**

2. Principal Place of Business

3. Mailing Address

1415 DEAN STREET 1415 DEAN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 100**#SUITE #100**

City & State

City & State

FORT MYERS, FL**FORT MYERS, FL**

Zip

Country

Zip

Country

33901 USA 33901 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0850876

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

**DAVIES, CHRISTOPHER N
CHRISTOPHER N. DAVIES, P.A.
12601 WORLD PLAZA LANE #2
FORT MYERS FL 33907**

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 date, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	JACK, CKB	
STREET ADDRESS	1415 DEAN STREET	
CITY-ST-ZIP	FORT MYERS FL 33902	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GIBBONEY, RAY	
STREET ADDRESS	3880 DIAL MILL ROAD	
CITY-ST-ZIP	CONYERS GA 30013	

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

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.K.R. JACK**4-5-01**

Date

(941) 332-8685

Daytime Phone #

CR2E034 (10/00)