

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**  
 05-22-2002 90082 024 \*\*\*150.00

047107 AV

**DOCUMENT # P98000044296**

**1. Entity Name**  
**BLITZFOIL USA, INC.**

**Principal Place of Business**

**1415 DEAN STREET**  
**SUITE 100**  
**FORT MYERS FL 33901**

**Mailing Address**

**1415 DEAN STREET**  
**SUITE 100**  
**FORT MYERS FL 33901**

00110227



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**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**

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

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

Name **CHRISTOPHER N. DAVIES**  
 Street Address (P.O. Box Number is Not Acceptable) **2375 TAMMAMZ TRAIL NORTH**  
**SUITE 308**  
 City **NAPLES** FL Zip Code **34103**

**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 **CHRISTOPHER N. DAVIES** DATE **April 26, 2002**

**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**

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | <b>D</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>JACK, CKB</b>           |                                 |
| STREET ADDRESS | <b>1415 DEAN STREET</b>    |                                 |
| CITY-ST-ZIP    | <b>FORT MYERS FL 33902</b> |                                 |
| TITLE          | <b>D</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>GIBBONEY, RAY</b>       |                                 |
| STREET ADDRESS | <b>3880 DIAL MILL ROAD</b> |                                 |
| CITY-ST-ZIP    | <b>CONYERS GA 30013</b>    |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| 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:** **C.K.B. JACK**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-02** **(239) 332-8685**  
 Date Daytime Phone #

CR2E034 (9/01)