

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000045311**1. Entity Name
B L R INVESTMENT SERVICES, INC.

Principal Place of Business

207 EAST NORTH STREET, STE. A

TAMPA
33604

FL

Mailing Address

4532 W KENNEDY BLVD

STE 219
TAMPA
33609

FL

2. Principal Place of Business
4532 W KENNEDY BLVD3. Mailing Address
4532 W KENNEDY BLVDSuite, Apt. #, etc.
219Suite, Apt. #, etc.
219City & State
TAMPA

FL

City & State
TAMPA

FL

Zip
33609

Country

Zip
33609

Country

4. FEI Number
59-3520453

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITHERMAN LEE
207 EAST NORTH STREET, STE. ATAMPA
33604

FL

7. Name and Address of New Registered Agent

Name

BRZAK ROB

Street Address (P.O. Box Number is Not Acceptable)
1748 63RD AVE NCity
ST PETERSBURG

FL

Zip Code
33702

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 **ROB BRZAK**

04/19/2001

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, 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 V ☒ Delete
NAME BREAK ROB
STREET ADDRESS 1748 63RD AVE N
CITY-ST-ZIP SAINT PETERSBURG FL 33702TITLE P ☐ Delete
NAME SMITHERMAN LEE
STREET ADDRESS 207 E NORTH ST- STE A
CITY-ST-ZIP TAMPA FL 3604TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE P ☒ Change ☐ Addition
NAME BRZAK ROB
STREET ADDRESS 1748 63RD AVE N
CITY-ST-ZIP ST PETERSBURG FL 33702TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **Rob Brzak**

P

04/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)