2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000049867

1. Entity Name MARK S. BLECHMAN, P.A.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90660 001 ***150.00



						N. T. T.						
Principal Place of Business 1521 MT. VERNON ST. ORLANDO FL 32801				ing Address I MT. VERNON ST. ANDO FL 32801	<u> </u>							
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2. Principal Place of Business			3. Ma	3. Mailing Address				ı endiyizat iy d ibidi ibili dü lil büli) ül	UN BRINI BIBLE IEL	£1 10111		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			Cit	City & State			4.	FEI Number 59-3543880	-	_+-	oplied For of Applicable	7
21p Country 22803 Country 6. Name and Address of Current			Zip 3	12803	Countr	5.			□ \$8.7	5 Add	ditional	1
<u> </u>	o. Name	and Address of Curr	ent Register	ed Agent		Name	7.	Name and Address of New Regis	tered Agent			1
BLECHMAN, MARK S						ivame		i				١
1521 MT. VERNON ST. ORLANDO FL 32803					Street Address (P.O. Box Number is Not Acceptable)						1	
UHLANDU	J FL 32803						_					1
		- <u>-</u>		<u> </u>		City .				Code]
the obligat	e named entity tions of regist	r submits this statemer ered agent.	t for the purp	oose of changing its	s registered	d office or register	ed ag	ent, or both, in the State of Florida.	I am familiar	with,	and accept	1
SIGNATURE .												
		or printed name of registered ag	ent and title if app	olicable. (NOT	E: Registered A	Agent signature required	when re	instating)	DATE			
After	r May 1, 200	FEE IS \$150.00 Fee will be \$550.0 Florida Departmen	0 of State					Election Campaign Financia Trust Fund Contribution.	· - '		May Be to Fees	
10. •				DIRECTORS 11.			ADI	DITIONS/CHANGES TO OFFICER	S AND DIREC	TORS	IN 11	-
TITLE . NAME .	PVST			☐ Delete		TITLE			☐ Cha		Addition	1
NAME STREET ADDRESS CITY-ST-ZIP BLECHMAN, MARK S 1521 MT. VERNON ST. ORLANDO FL 32803						NAME STREET ADDRESS						
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L	ertify that the i	nformation numblied wi	sh also co		CITY-ST-	ZIP						

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 10 or Block 11 if

SIGNATURE:

510 NEIU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR