

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90001 023 ***150.00

DOCUMENT #P98000101772

1. Entity Name

BLADE BUILDING SERVICES, INC.



Principal Place of Business

6402 S.W. 185 WAY
FORT LAUDERDALE FL 33332

Mailing Address

6402 S.W. 185 WAY
FORT LAUDERDALE FL 33332

2. Principal Place of Business

5950 Palm Trace Landings Dr.

3. Mailing Address

732 E. Mill Creek Rd.

Suite, Apt. #, etc.

Unit 307

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Fleetwood, NC

Zip

33314

Country

USA

Zip

28626

Country

U.S.A.

4. FEI Number

65-0880982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SELDOMRIDGE, SHERON
~~6402 S.W. 185 WAY~~
~~FORT LAUDERDALE FL 33332~~
5950 Palm Trace Landings Dr.
Unit 307
Davie, FL 33314

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME SELDOMRIDGE, SHERON
STREET ADDRESS 6402 SW 185TH WAY
CITY-ST-ZIP FT LAUDERDALE FL 33332

TITLE P. ☐ Change ☐ Addition
NAME Seldomridge, Sheron
STREET ADDRESS 5950 Palm Trace Landings Dr, Unit 307
CITY-ST-ZIP Davie, FL 33314

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sheron Seldomridge Sheron Seldomridge 3/3/04 305-218-3198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #