

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000101904**

1. Entity Name
T.A. BLEDSOE CARPENTRY, INC.



FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90136 031 ***150.00

Principal Place of Business
8585 CHURCH STREET
#8
HOBE SOUND FL 33455
US

Mailing Address
P O BOX 30003
PALM BEACH GARDENS FL 33420

2. Principal Place of Business
2562 SW National Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Port Saint Lucie FL

City & State

4. FEI Number **65-0885911**

Applied For
Not Applicable

Zip **34953** Country **USA**

Zip Country

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

BLEDSOE, TIMOTHY
8585 CHURCH STREET
HOBE SOUND FL 33455

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. 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, 2003 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 **BLEDSOE, TIM**
STREET ADDRESS **8585 CHURCH STREET**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **P** ☐ Change ☐ Addition
NAME **Bledsoe Tim**
STREET ADDRESS **2562 SW National Circle**
CITY-ST-ZIP **Port Saint Lucie FL 34953**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **T.A. BLEDSOE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-03 (561) 762-5764
Date Daytime Phone #

CR2E034 (10/02)