

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2000 8:00 am  
Secretary of State

05-22-2000 90043 013 \*\*\*150.00

DOCUMENT # P98000106184

1. Entity Name

BLASTMASTERS, INC.

Principal Place of Business

Mailing Address

3408 RIVER COVE DR. TAMPA, FL 33614

2. Principal Place of Business

3408 RIVER COVE DR  
Suite, Apt. #, etc.

3. Mailing Address

3408 RIVER COVE DR  
Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33614

Country  
USA

City & State

TAMPA, FL

Zip

33614

Country  
USA

4. FEI Number

59-3546431

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

BRIAN MALONE  
7001 ROME AVE  
TAMPA, FL 33604

7. Name and Address of New Registered Agent

Name

BRIAN MALONE

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

3408 RIVER COVE DR

City

TAMPA

FL

Zip Code

33614

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

PRESIDENT

4/27/00

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, 2000 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	PRESIDENT	<input type="checkbox"/> Delete
NAME	BRIAN MALONE	
STREET ADDRESS	7001 ROME AVE	
CITY-ST-ZIP	TAMPA, FL 33604	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	AANTAR LEE COATES	
STREET ADDRESS	7001 ROME AVE	
CITY-ST-ZIP	TAMPA, FL 33604	
TITLE	TREASURER	<input checked="" type="checkbox"/> Delete
NAME	PAUL OUFILITE	
STREET ADDRESS	7001 ROME AVE	
CITY-ST-ZIP	TAMPA, FL 33604	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN MALONE	
STREET ADDRESS	3408 RIVER COVE DR.	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AANTAR LEE COATES	
STREET ADDRESS	3408 RIVER COVE DR.	
CITY-ST-ZIP	TAMPA, FL 33614	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BRIAN MALONE 4/27/00 (813) 758-8200

CR2E034 (9/99)