

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90203 010 ***150.00

0679185 FP

DOCUMENT # P99000004140

1. Entity Name
D. F. BLAZER SALES & WAREHOUSE, INC.



Principal Place of Business
**3125 J P CURCI STREET
KELSEY GROUP BLDG 1-B BAY-6
PEMBROKE PARK FL 33009**

Mailing Address
**3125 J P CURCI STREET
KELSEY GROUP BLDG 1-B BAY 6
PEMBROKE PARK FL 33009**

60023091



2. Principal Place of Business

3. Mailing Address

3975 S.W. 58 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FT. LAUDERDALE, FL

City & State

City

33312 USA

Zip

Country

Country

4. FEI Number **65-0883300**

Applied For
Not Applicable

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

**BLAZER, DIANE F
3125 J.P. CURCI DRIVE
BLDG 1B-BAY 6
PEMBROKE PARK FL 33009**

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 _____ (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 **PSTD** ☐ Delete
NAME **BLAZER, DIANE F**
STREET ADDRESS **3975 D W 58 ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **DIANE F. BLAZER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03

954-981-5174

Date

Daytime Phone #

CR2E034 (10/02)