

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90140 036 ***150.00

DOCUMENT # P99000009425

1. Entity Name
BLAIR FRANGOS, INC.



Principal Place of Business
532 NW 54TH STREET
BOCA RATON FL 33487

Mailing Address
% COMPUKEEPER INC.
1446 NW 2ND AVE. #105
BOCA RATON FL 33432

TRUST House,
4901 N. Federal Hwy #300
Pr. Lauderdale, FL.



2. Principal Place of Business

3. Mailing Address
532 NW 54th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State

City & State
Boca Raton, FL

4. FEI Number **65-0909682**

Applied For
Not Applicable

Zip

Country

Zip
33487

Country
USA

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

FRANGOS, BLAIR
532 NW 54TH STREET
BOCA RATON FL 33487

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D Frangos** ☐ **Delete**
NAME **FRANGOS, BLAIR**
STREET ADDRESS **532 NW 54TH ST.**
CITY - ST - ZIP **BOCA RATON FL 33487**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY - ST - ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)