

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED

Jul 13, 2000 8:00 am
Secretary of State

05-23-2000 90225 031 ***150.00

DOCUMENT # P99000034467

1. Entity Name

BLOCKWORKS, INC.

R

Principal Place of Business

520 HAWKSBILL ISLAND DRIVE
SATELLITE BEACH FL 32937

Mailing Address

520 HAWKSBILL ISLAND DRIVE
SATELLITE BEACH FL 32903-2651

2. Principal Place of Business

1845 N HWY A1A

Suite, Apt. #, etc.

501

3. Mailing Address

1845 N HWY A1A

Suite, Apt. #, etc.

501

City & State

INDIALANTIC FL

City & State

INDIALANTIC FL

Zip

32903

Country

BREVARD

Zip

32903

Country

BREVARD

4. FEI Number

593375952

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLOCK, SUSAN B

520 HAWKSBILL ISLAND DRIVE
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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: PRES
NAME: LAWRENCE E BLOCK
STREET ADDRESS: 1845 N HWY A1A #501
CITY-ST-ZIP: INDIALANTIC FL 32903 ☐ Delete

TITLE: SEC/TREAS
NAME: SUSAN B BLOCK
STREET ADDRESS: 1845 N HWY A1A #501
CITY-ST-ZIP: INDIALANTIC FL 32903 ☐ Delete

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

TITLE: ☐ Delete
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TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 REQUIRED

SUSAN B. BLOCK

407 773 6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)