

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073464

1. Entity Name

BLOOR STREET, INC.

Principal Place of Business

1430 E. 7TH AVENUE  
TAMPA FL 33605

Mailing Address

1430 E. 7TH AVENUE  
TAMPA FL 33605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3613263

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

NELSON, G. MICHAEL ESQ.  
3333 W. KENNEDY BLVD.  
SUITE 103  
TAMPA FL 33609

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME D  
STREET ADDRESS MILLER, ROBERT  
CITY-ST-ZIP 1430 E. 7TH AVENUE  
TAMPA FL 33605

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  
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CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

MICHAEL R. HAMILTON Pres Sept 12, 2000 813-47-2711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Sep 15, 2000 8:00 am  
Secretary of State

05-01-2000 90467 003 \*\*\*150.00

20826



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

**Republic Ltd. LC****1430 E. 7<sup>th</sup> Ave. Tampa, FL 33605 Ph (813) 247-2711 Fax (813) 247-3495**

September 12, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

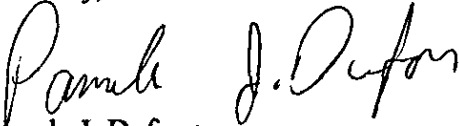
To Whom It May Concern:

~~Please be advised that we filed this report on April 27<sup>th</sup>, 2000. Upon calling your offices~~  
as to the duplication of this report, I was told that you had returned the original copy  
along with a letter for missing information. I never received this letter from you.

Payment was sent with the original filed report in the amount of \$150.00 check # 1099  
dated 4/27/00. We are sending in the correct copy for filing. I was told I did not need to  
send in another payment as you kept the original payment.

If you need to contact me, you can reach me at (813) 247-2711.

Sincerely,



Pamela J. Dufour  
General Manager