2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074965

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

1. Entity Name

City & State

Blasi, John Jay

6258 PRESIDENTIAL COURT FORT MYERS FL 33919

9. This corporation is eligible to satisfy its Intangible

5280 BUCKINGHAM RD.

FORT MYERS FL 33905

5280 BUCKINGHAM RD.

FORT MYERS FL 33905

FORT MYERS FL 33912

7741 GEORGIAN BAY CIRCLE #104

BLASI, MICHAEL J

Tax filing requirement and elects to do so.

BLASI, JOHN

BLASI, JOHN J

(See criteria on back)

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME STREET ADDRESS

TITLE

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIE

CITY-ST-ZIP

BLASI & SONS PROPERTIES, INC.

Principal Place of Business	Mailing Address	
6258 PRESIDENTIAL COURT FORT MYERS FL 33919	6258 PRESIDENTIAL COURT FORT MYERS FL 33919-3526	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State

Zip

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

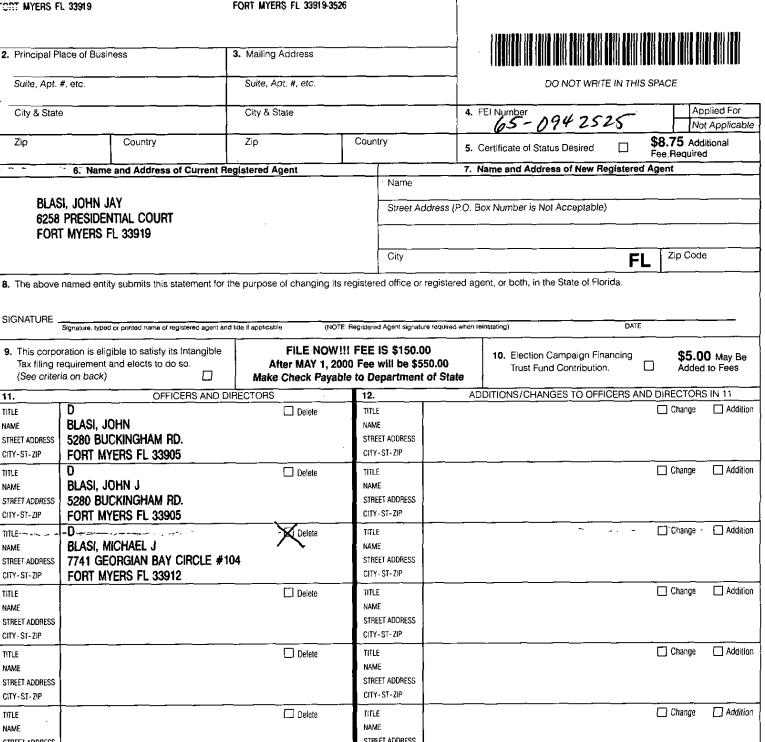
CITY-ST-ZIP

Name

City

FILED May 18, 2000 8:00 am Secretary of State

05-18-2000 90367 025 ***150.00



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

CITY-ST-ZIP

SIGNATURE:

ED OH PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2:E034 (9/99)