

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90863 050 ***150.00

DOCUMENT # P99000087951
1. Entity Name B L TEA OF NEW PORT RICHEY, INC.

Principal Place of Business 7302 DAGGETT TERRACE NEW PORT RICHEY FL 34655	Mailing Address 7302 DAGGETT TERRACE NEW PORT RICHEY FL 34655
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5109 PANTHER DRIVE Suite, Apt. #, etc.	3. Mailing Address 5109 PANTHER DRIVE Suite, Apt. #, etc.
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City & State SPRING HILL, FL.	City & State SPRING HILL, FL.
Zip 34607	Zip 34607
Country U.S.A.	Country U.S.A.

4. FEI Number 59-3609745	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ST ARNOLD, JACK R 1370 PINEHURST ROAD DUNEDIN FL 34698
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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
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9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>
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FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME BUCKLEY, WILLIAM E III	
STREET ADDRESS 7302 DAGGETT TERRACE	
CITY-ST-ZIP NEW PORT RICHEY FL 34655	
TITLE STD	<input type="checkbox"/> Delete
NAME BUCKLEY, IVY	
STREET ADDRESS 7302 DAGGETT TERRACE	
CITY-ST-ZIP NEW PORT RICHEY FL 34655	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 5109 PANTHER DRIVE	
CITY-ST-ZIP SPRING HILL, FL. 34607	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 5109 PANTHER DRIVE	
CITY-ST-ZIP SPRING HILL, FL. 34607	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE: <i>William E. Buckley III</i>	DATE: 04/08/02	DAYTIME PHONE #: 352-592-0521
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

CR2E034 (9/01)