## FILED Feb 20, 2002 8:00 am Secretary of State

02-20-2002 90045 039 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

P99000108962

DOCUMENT #

1. Entity Name

PASCO BLUEPRINT & SUPPLY CO., INC.

Principal Plac	pe of Business	Mailing Address			
5323 MAIN STREET NEW PORT RICHEY FL 34652		5323 MAIN STREET			
NEW PORT KI	UMET PL 34052	NEW PORT RICHEY FL 34	<del>10</del> 32	1 1001/1921 (10 101/10 101/1 PD/11 25/1/ UD/18: (101/1 4	
- Di-	20 (2)				
2. Principal i	Place of Business	3. Mailing Address		1 1001005 110 (0/12 12/11 00/17 12/11 00/17 11/17	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-3619701 Applied For Not Applied by	
Zip	Country	Zip	Country		Not Applicable \$8.75 Additional
<u> </u>			<u> </u>	5. Certificate of Status Desired	Fee Required
<u> </u>	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered A	lgent
ROBERTS, ROLLAND		Street Addres		ess (P.O. Box Number is Not Acceptable)	
5323 MAIN STREET NEW PORT RICHEY FL 34652			<u> </u>		<del></del>
NEW PUH	HIUNEY PL 34632		City	Fi	Zip Code
	**			<u>FL</u>	12,5000
8. The above	e named entity submits this statement to	or the purpose of changing its	s registered office or reg	jistered agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NO)	E: Registered Agent signature re	quired when reinstating) DATE	
9 This corn	oration is eligible to satisfy its Intangible		!!! FEE IS \$150.00		
Tax filing	requirement and elects to do so.		02 Fee will be \$550.	10. Election Campaign Financing	\$5:00 May Be
(See crite	ria on back)				Added to Fees
(See crite	ria on back)  OFFICERS AND	Make Check Payal	ble to Department of		
11.	OFFICERS AND	Make Check Payal	to Department of 12.	State Trust rulia Contribution.	
11.	OFFICERS AND ROBERTS, ROLLAND	Make Check Payal	ble to Department of	State Trust rulia Contribution.	DIRECTORS IN 11
11. TITLE NAME	OFFICERS AND	Make Check Payal	ble to Department of 12. TITLE NAME	State Trust rulia Contribution.	DIRECTORS IN 11
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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 in address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTS

1.30.02

72<sup>D</sup> rime Phone #

2**E**034 (9/01)