

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

0069224 AV

DOCUMENT # **S11184**

1. Entity Name
BLYTHE ENVIRONMENTAL INC.

02-10-2002 90005 007 ***150.00

Principal Place of Business

**5782 S.E. HULL STREET
STUART FL 34997**

Mailing Address

**5782 S.E. HULL STREET
STUART FL 34997**

2. Principal Place of Business

4248 SE Commerce Ave

3. Mailing Address

4248 SE Commerce Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Stuart FL

City & State

Stuart FL

4. FEI Number

65-0221157

Applied For

Not Applicable

Zip

Country

34997

maethn

Zip

Country

34997

maethn

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLYTHE, WAYNE
5782 S.E. HULL ST.
STUART FL 34997**

7. Name and Address of New Registered Agent

Name

Wayne Blythe

Street Address (P.O. Box Number is Not Acceptable)

4248 SE Commerce Avenue

City

Stuart

FL

Zip Code

34997

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	BLYTHE, WAYNE	
STREET ADDRESS	5782 S.E. HULL ST.	
CITY-ST-ZIP	STUART FL	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Delete
NAME	Daniel W. Shaw	
STREET ADDRESS	4248 SE Commerce Ave.	
CITY-ST-ZIP	Stuart FL 34997	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wayne Blythe	
STREET ADDRESS	4248 SE Commerce Ave	
CITY-ST-ZIP	Stuart FL 34997	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel Shaw	
STREET ADDRESS	4248 SE Commerce Ave	
CITY-ST-ZIP	Stuart FL 34997	
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		
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 all other like empowered.

SIGNATURE:

Daniel W Shaw 1/18/02 561-219-7824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)