2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

V51017 **DOCUMENT #**

1. Entity Name

KELLEY BLASHFIELD GENERAL CONTRACTOR, INC.

Apr 02, 2003 8:00 am Secretary of State 04-02-2003 90102 021 ***150.00 **FILED**

Principal Place of Business 1370 LAKE ROGERS CIRCLE OVIEDO FL 32765 US				Mailing Address 1370 LAKE ROGERS CIRCLE OVIEDO FL 32765 US									
2. Principal Place of Business				3. Mailing Address					1 3 8 8 17 8 11 8 8 1 8 1 8 1 1 8 1 8 8 1 1 1	Bil 1401 Offil Did	(† 414 71 4 141) 3	EBIT BIBIT 1881	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. F	FEI Number 59-3140127	,		pplied For ot Applicable	
· Zip	Country			Zip Coun				5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registere	egistered Agent				7. Name and Address of New Registered Agent					
						Name							
	, steven a Obinson s			Street Addres				s (P.O. Box Number is Not Acceptable)					
	FL 32803	•											
						City				FL	Zip Cod	e	
	named entity ions of regist		or the purp	ose of changing its	registere	ed office or	registere	d age	ent, or both, in the State of FI	orida. I am fa	ımiliar with,	and accept	
SIGNATURE .	Signature tuned	or printed name of registered agent	and title if our	Nicebia (NICTE	- Panietara	d Agent signate	re required w	uhon rai	einetating)	DATE			
			and title if app	incapie. (NOTE	riagistere	и жувпі зіўнай	ne required w		installing)	DAIL		·	
After	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	f State	State					Election Campaign Fi Trust Fund Contribution	· ~		0 May Be to Fees	
10.		OFFICERS AND						ADI	DDITIONS/CHANGES TO OFF	TICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		LD, KELLEY E ROGERS CIRCLE L 32765		□ Delete					A 77		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		بيدين المحمد المهاسب	•	□ Delete	NAM STRE	E Et address -St-Zip	Them then then he		The second secon		☐ Change	☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					-		☐ Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: