

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000009418

Entity Name: BLI LEARNING LABS INCORPORATED**Current Principal Place of Business:**4820 PARK BLVD N
SUITE 5
PINELLAS PARK, FL 33781**Current Mailing Address:**4820 PARK BLVD N
SUITE 5
PINELLAS PARK, FL 33781 US**FEI Number:** 82-2896031**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**VEAL, LEAH M
4820 PARK BLVD N
SUITE 5
PINELLAS PARK, FL 33781 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	GRIZZLE, LORENA
Address	4820 SUITE 5
City-State-Zip:	PINELLAS PARK FL 33781

Title	VP
Name	MAZZA, PATRICK
Address	4820 PARK BLVD #5
City-State-Zip:	PINELLAS PARK FL 33781

Title	SECRETARY
Name	CLASSON, CAILEY
Address	4820 PARK BLVD N SUITE 5
City-State-Zip:	PINELLAS PARK FL 33781

Title	DIRECTOR
Name	FISCHER, TINA
Address	4820 PARK BLVD N
City-State-Zip:	PINELLAS PARK FL 33781

Title	TREASURER
Name	BRAUN, HOWARD
Address	4820 PARK BLVD N #5
City-State-Zip:	PINELLAS PARK FL 33781

Title	CEO
Name	VEAL, LEAH
Address	4820 PARK BLVD SUITE 5
City-State-Zip:	PINELLAS PARK FL 33781

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEAH VEAL**CHIEF EXECUTIVE****01/23/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date