

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 007017

1. Entity Name

BLOCKER TRANSFER COMPANY

Principal Place of Business

3035 22ND AVE NORTH
ST PETERSBURG FL 33713-4234
US

Mailing Address

3035 22ND AVE NORTH
ST PETERSBURG FL 33713-4234
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SNELL, DENNIS A
3035 22ND AVE, N
ST. PETERSBURG FL 33713

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

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, 2001 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 ☐ Delete
NAME SNELL, DENNIS
STREET ADDRESS 11227 60TH ST, N
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE VPD ☒ Delete
NAME YOUNG, GORDON E JR
STREET ADDRESS 14232 HETRICK CIR,S
CITY-ST-ZIP LARGO FL 33774

TITLE TD ☐ Delete
NAME RUMMEL, GAIL E
STREET ADDRESS 5701 HOBSON ST, NE
CITY-ST-ZIP ST PETERSBURG FL 33703

TITLE SD ☐ Delete
NAME SNELL, BETTY LOU
STREET ADDRESS 11227 60TH ST
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE D ☐ Delete
NAME LANDER, JO LYNN
STREET ADDRESS 1771 BRIGHTWATERS BLVD NE
CITY-ST-ZIP ST PETERSBURG FL 33704

TITLE D ☐ Delete
NAME SNELL, DONALD K
STREET ADDRESS 5733 115TH AVE. N
CITY-ST-ZIP PINELLAS PARK FL 33782

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Gail E Rummel Gail E Rummel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01

Date

727-323-1888

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)