

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

0039412 AV

DOCUMENT # 487281



1. Entity Name
BLACKBURN PROPERTIES, INC.

03-17-2003 90668 039 ***150.00

Principal Place of Business
**1300 PITTS ROAD
CHIPLEY FL 32428
US**

Mailing Address
**1300 PITTS ROAD
CHIPLEY FL 32428
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1804151**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GILMORE, MARGARET G.
1300 PITTS ROAD
CHIPLEY FL 32428**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** Delete
NAME **BLACKBURN, J.O., JR.**
STREET ADDRESS **1513 COMBS DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **GRACE, MIRIAM B.**
STREET ADDRESS **HUNTER CIRCLE, DRAWER 69**
CITY-ST-ZIP **PORT ST. JOE FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **GILMORE, MARGARET G.**
STREET ADDRESS **1300 PITTS ROAD**
CITY-ST-ZIP **CHIPLEY FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** Delete
NAME **GRANT, CHARLES**
STREET ADDRESS **679 STELLE WOOD DRIVE**
CITY-ST-ZIP **RICHMOND HILL GA 31324**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Margaret Gilmore* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-12-03** Daytime Phone # **(850) 638-1340**

CR2E034 (10/02)