

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90048 002 ***150.00

DOCUMENT # 646387

1. Entity Name
BLALOCK, LANDERS, WALTERS & VOGLER, P.A.

Principal Place of Business
**802-11TH STREET WEST
 BRADENTON FL 34205**

Mailing Address
**802-11TH STREET WEST
 BRADENTON FL 34205**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1950976**

Applied For
 Not Applicable

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

**BLALOCK, ROBERT G
 802-11TH STREET WEST
 BRADENTON FL 33505**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD V.P.	<input type="checkbox"/> Delete
NAME	BLALOCK, ROBERT G	
STREET ADDRESS	6705 ARBOR OAKS DRIVE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WALTERS, CLIFFORD L.	
STREET ADDRESS	511 51ST STREET NW	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	VOGLER, EDWARD I	
STREET ADDRESS	9649 18TH AVE CIR NW	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HELD, BARBARA ANN	
STREET ADDRESS	13409 2 AVE EAST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	JOHNSON, CHARLES F.	
STREET ADDRESS	922 83 ST NW	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Lisa Bagwell	
STREET ADDRESS	802 11th Street West	
CITY-ST-ZIP	BRADENTON FL 34205	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blalock, Robert G	
STREET ADDRESS	6705 Arbor Oaks Drive	
CITY-ST-ZIP	BRADENTON FL	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walters, Clifford L	
STREET ADDRESS	511 51st Street NW	
CITY-ST-ZIP	BRADENTON FL	
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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bagwell, Lisa	
STREET ADDRESS	802 11th Street West	
CITY-ST-ZIP	BRADENTON FL 34205	

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: Clifford L. Walters **2/6/02** **941 748 0100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)