

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 692872

1. Entity Name

WILLIAM F. BLEWS, P.A.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90278 021 ***150.00

Principal Place of Business

Mailing Address

~~606 FIRST AVENUE NORTH~~
P O BOX 417
ST PETERSBURG FL ~~33701~~

~~606 FIRST AVENUE NORTH~~
P O BOX 417
ST PETERSBURG FL 33701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

150-2nd Avenue North

Suite, Apt. #, etc.

Suite 1500

City & State

St. Petersburg, Florida

Zip

33701

Country

USA

Suite, Apt. #, etc.

P.O. Box 417

City & State

St. Petersburg, Florida

Zip

33731

Country

USA

4. FEI Number 59-2103325

Applied For

Not Applicable

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

BLEWS, WILLIAM F.

~~606 FIRST AVENUE NORTH~~
~~ST PETERSBURG FL 33701~~

Name

Street Address (P.O. Box Number is Not Acceptable)

150-2nd Avenue North

Suite 1500

City

St. Petersburg

FL

Zip Code

33701

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLEWS, WILLIAM F 606 1ST AVENUE NORTH ST. PETERSBURG FL 33701	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 150-2nd Avenue No., Suite 1500 St. Petersburg, Florida 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

William F. Blews
WILLIAM F. BLEWS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/26/01

Daytime Phone #

727-
1822-8322

CR2E034 (10/00)