

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 22, 2001 8:00 am
Secretary of State

04-23-2001 90233 023 ***150.00

DOCUMENT # P00000022810

1. Entity Name

SILVER BLAZE INVESTIGATIONS, INC.

Principal Place of Business

Mailing Address

~~2043 N. HIGHLAND AVE.~~
~~CLEARWATER FL 33755~~
563 Manisha Pl.
Tarpon Springs, FL 34689

~~2043 N. HIGHLAND AVE.~~
~~CLEARWATER FL 33755~~
P.O. BOX 1343
TARPOON SPRINGS, FL 34688

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-363-1287

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

NICHOLSON, ALEX E
~~2043 N. HIGHLAND AVE.~~ **563 Manisha Pl.**
~~CLEARWATER FL 33755~~ **Tarpon Springs, FL**
34689

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	NICHOLSON, SUSAN F	
STREET ADDRESS	2043 N. HIGHLAND AVE. 563 Manisha Pl.	
CITY-ST-ZIP	CLEARWATER FL 33755 Tarpon Spg, FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLSON, ALEX E	
STREET ADDRESS	2043 N. HIGHLAND AVE. 563 Manisha Pl.	
CITY-ST-ZIP	CLEARWATER FL 33755 Tarpon Spg, FL 34689	
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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:

Susan Nicholson Susan Nicholson

4/16/01

727-939-8504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)