

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91163 048 \*\*\*150.00

DOCUMENT # P00000074695

1. Entity Name  
**BLACKBURN'S All Around Homeimprovement, Inc.**

Principal Place of Business Mailing Address

**5757 ORANGE DR.**  
**DAVID, Florida 33314**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-1034408** Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: **John Paul Blackburn**  
 Street Address (P.O. Box Number is Not Acceptable): **5757 ORANGE DR.**  
 City: **DAVID** FL Zip Code: **33314**

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 *John P. Blackburn* **4/25/02**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature req. and when registering) DATE

9. Has corporation or eligible to satisfy its filing requirements 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	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>John Paul Blackburn</b>	
STREET ADDRESS	<b>4612 SW 31 DAVID</b>	
CITY - ST - ZIP	<b>Hollywood FL 33023</b>	
TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CLARE STAN BLACKBURN</b>	
STREET ADDRESS	<b>4612 SW 31 DAVID</b>	
CITY - ST - ZIP	<b>Hollywood FL 33023</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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 *John P. Blackburn* **4/25/02**