

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000090397	
1. Entity Name BLAKE & COMPANY, C.P.A.S, P.A.	

FILED
04 JAN 13 PM 5:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3550 BUSCHWOOD PARK DR. Suite, Apt. #, etc. STE. 250 City & State TAMPA, FL Zip 33618 Country USA	3. Mailing Address 3550 BUSCHWOOD PARK DR. Suite, Apt. #, etc. STE. 250 City & State TAMPA, FL Zip 33618 Country USA
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REINSTATEMENT 02-0304

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3403737		Applied For ☐ Not Applicable
	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name CHARLES C. BLAKE, III Street Address (P.O. Box Number is Not Acceptable) 3550 BUSCHWOOD PARK DR. STE. 250 City TAMPA FL Zip Code 33618		

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

Signature, type or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE OPTS
NAME CHARLES C. BLAKE, III
STREET ADDRESS 3550 BUSCHWOOD PARK DR. # 250
CITY-ST-ZIP TAMPA, FL 33618

TITLE	600026884266
NAME	01/13/04--01090--003 **550.00
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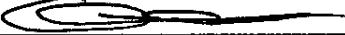
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 on an attachment with an address, with all other like empowered.

SIGNATURE:



CHARLES C. BLAKE, III

11/26/03 813-932-0767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034B (12/02)