## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 17, 2002 8:00 am \$ Secretary of State P96000095867 DOCUMENT # 1. Entity Name BLANKE ENTERPRISES, INC. Mailing Address Principal Place of Business 3711 WATERSIDE DRIVE 3711 WATERSIDE DRIVE **ORANGE PARK FL 32065 ORANGE PARK FL 32065** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3414092 Not Applicable Country Zip \$8.75 Additional Certificate of Status Desired. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLANKE, THOMAS C Street Address (P.O. Box Number is Not Acceptable) 3711 WATERSIDE DRIVE **ORANGE PARK FL 32065** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) Change ☐ Addition ☐ Delete TITLE TITLE BLANKE, THOMAS C NAME NAME STREET ADDRESS 3711 WATERSIDE DRIVE STREET ADDRESS **ORANGE PARK FL 32065** CITY-ST-7IP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE BLANKE, CYNTHIA J NAME NAME STREET ADDRESS 3711 WATERSIDE DRIVE STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32065** CITY-ST-ZIP Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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.