## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

## P97000052143 **DOCUMENT #**

1. Entity Name

Principal Place of Business

BLANCHARD CONSTRUCTION, INC.



## **FILED** Feb 11, 2003 8:00 am Secretary of State 02-11-2003 90084 014 \*\*\*150.00

265 ÉAGLE DR PANAMA CITY BEACH FL 32413			265 EAGLE DR PANAMA CITY BEACH FL 32413									
2. Principal F	Place of Busin	ess	3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & Stat	te		City & State				4. [	4. FEI Number 59-3452969 Applied For - Not Applicable				
Zip Country			Zip		Coun	Country		Certificate of Status Desired		\$8.75 Add	ditional	
	6. Name	and Address of Current	Registere	ed Agent	<u></u>		7. N	Name and Address of New Re	gistered	•		
***						Name						
125 MAIN		DRY C H FL 32413				Street Address (P.O. Box Number is Not Acceptable)						
, , a , , , , , , , , , , , , , , , , ,		1112 02110				City			FI	Zip Cod	e	
	tions of regist					ed office or regis		ent, or both, in the State of Flori	da. I am	i familiar with,	and accept	
After Make Check	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department o						Election Campaign Fina     Trust Fund Contribution.		Added	May Be to Fees	
10.	1 _	OFFICERS AND	DIRECTO	)RS	11.		AD	DITIONS/CHANGES TO OFFIC	ERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	125 MAIN	RD, GREGORY C STEE CITY BEACH FL 32413	l.	☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	265 EAGL	RD, JAMES A ES DR CITY_BEACH.FL.32407	<u>.                                    </u>	☐ Delete						Change	Addition	
TITLE  NAME  THEET ADDRESS  CITY-ST-ZIP		,		Delete			•			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAMI STRE	:	,			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. ,		Delete	TITLE NAME STREE					☐ Change	Addition	
indicated of the cor	on this repor poration or th	t or supplemental report is	s true and owered to	accurate and that execute this repor	my signat t as requir	ure shall have t	he same l	119.07(3)(i), Florida Statutes. I f egal effect as if made under oa da Statutes; and that my name	ith; that I	am an officer	or director	

SIGNATURE: