

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000061077

1. Entity Name

BLINN VAN MATER ARCHITECT, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90065 050 ***158.75

Principal Place of Business

Mailing Address

38 MIRACLE STRIP PARKWAY
SUITE 3-A
FT WALTON BEACH FL 32548
US

38 MIRACLE STRIP PARKWAY
SUITE 3-A
FT WALTON BEACH FL 32548-6649
US

2. Principal Place of Business

3. Mailing Address

201 Miracle Strip Pkwy S.E.

201 Miracle Strip Pkwy S.E.

Suite, Apt. #, etc.
Suite C

Suite, Apt. #, etc.
Suite C

City & State
Ft. Walton Beach FL

City & State
Ft. Walton Beach FL

4. FEI Number 59-3458524

Applied For

Not Applicable

Zip
32548

Country
USA

Zip
32548

Country
USA

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

VAN MATER, BLINN
38 MIRACLE STRIP PARKWAY
SUITE 3-A
FT WALTON BEACH FL 32548

Name
Blinn Van Mater

Street Address (P.O. Box Number is Not Acceptable)
201 Miracle Strip Pkwy. S.E.
Suite C

City
Ft. Walton Beach

FL

Zip Code
32548

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

4/4/00

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, 2000 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

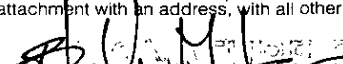
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN MATER, BLINN 38 MIRACLE STRIP PKWY, SUITE 3-A FT WALTON BEACH FL 32548	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 201 Miracle Strip Pkwy S.E., Suite C Ft. Walton Beach, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition V Brian J. Lambert 201 Miracle Strip Pkwy S.E., Suite C Ft. Walton Beach, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition V Ian N. Wright 201 Miracle Strip Pkwy S.E., Suite C Ft. Walton Beach, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00

Date

850/243-9244

Daytime Phone #

CR2E034 (9/99)