

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90239 044 \*\*\*150.00

**DOCUMENT # P97000073279**

1. Entity Name

**BLANKENSHIP LAW FIRM, P.A.**

Principal Place of Business

Mailing Address

~~SOUTH THIRD ST.~~  
 JACKSONVILLE BEACH FL 32250

~~1474 SOUTH THIRD ST.~~  
 JACKSONVILLE BEACH FL 32250-2407

00025007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1300 MARSH LANDING PKWY**

**1300 MARSH LANDING PKWY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 108**

**SUITE 108**

City & State

City & State

**JACKSONVILLE BEACH, FL**

**JACKSONVILLE BEACH, FL**

Zip

Country

Zip

Country

**32250-2407**

**32250-2407**

4. FEI Number **59-3471530**

Applied For

Not Applicable

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

**BLANKENSHIP, KIMBERLY A**  
**1474 SOUTH THIRD ST.**  
**JACKSONVILLE BEACH FL 32250**

Name **KIMBERLY A. BLANKENSHIP**  
 Street Address (P.O. Box Number is Not Acceptable) **1300 MARSH LANDING PKWY, SUITE 108**  
 City **JACKSONVILLE BEACH** FL Zip Code **32250-2407**

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

*[Handwritten Signature]*

**KIMBERLY A. BLANKENSHIP**

**2-24-2000**

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	<input type="checkbox"/> Delete
D	BLANKENSHIP, KIMBERLY A	1474 SOUTH THIRD ST.	JACKSONVILLE BEACH FL 32250	<input type="checkbox"/>
D	COGGIN, CINDY	1301 S. FIRST ST., #504	JACKSONVILLE BEACH FL 32250	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1300 MARSH LANDING PKWY, SUITE 108	JACKSONVILLE BEACH, FL 32250-2407	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/99)

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-24-2000**  
 Date

**904-543-8665**  
 Daytime Phone #