

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90474 010 ***150.00

DOCUMENT # **P97000073279**

1. Entity Name
BLANKENSHIP LAW FIRM, P.A.



Principal Place of Business
**1300 MARSH LANDING PKWY
SUITE 108
JACKSONVILLE BEACH FL 32250-2407**

Mailing Address
**1300 MARSH LANDING PKWY
SUITE 108
JACKSONVILLE BEACH FL 32250-2407**



2. Principal Place of Business
2716 St. Johns Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JAX FL

City & State

4. FEI Number **59-3471530**

Applied For

Not Applicable

Zip **32205**

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLANKENSHIP, KIMBERLY A
1300 MARSH LANDING PKWY STE 108
JACKSONVILLE BEACH FL 32250-2407**

Name

Street Address (P.O. Box Number is Not Acceptable)

2716 St. Johns Ave

City

JAX

FL

Zip Code

32205

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/27/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
D
BLANKENSHIP, KIMBERLY A
STREET ADDRESS **1300 MARSH LANDING PKWY STE 108**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250-2407**

TITLE NAME Change Addition
2716 St. Johns Ave
STREET ADDRESS **JAX FL 32205**
CITY-ST-ZIP

TITLE NAME Delete
D
COGGIN, CINDY
STREET ADDRESS **1301 S. FIRST ST., #504**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE NAME Change Addition
2716 St. Johns Ave
STREET ADDRESS **JAX FL 32205**
CITY-ST-ZIP

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/03 **904-543-8665**
DATE Daytime Phone #

CR2E034 (10/02)