

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90304 042 ***150.00

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DOCUMENT # 224789

1. Entity Name
BLANTON & UNWIN INC



Principal Place of Business
120 STATE MARKET ROAD (ZIP 33476)
P.O. BOX 61
PAHOKEE FL 33476

Mailing Address
120 STATE MARKET ROAD (ZIP 33476)
P.O. BOX 61
PAHOKEE FL 33476



2. Principal Place of Business

3. Mailing Address

102 Rainbow Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.M.B. #208

City & State

City & State

Livingston, TX

Zip

Country

Zip

Country

77399

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0875603**

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

UNWIN, JANICE
120 STATE MARKET RD
PAHOKEE FL 33476

Name
Janice Unwin

Street Address (P.O. Box Number is Not Acceptable)
2031 Bacom Pt. Rd.

City
Pahokee

FL

Zip Code
33476

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)

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 STREET ADDRESS CITY-ST-ZIP	PD UNWIN, JANICE 2031 BACOM POINT ROAD PAHOKEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD UNWIN, ELAINE 2031 BACOM POINT ROAD PAHOKEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD UNWIN, DAVID 2031 BACOM PT. ROAD PAHOKEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CONLEY, ADA B. 281 CARISSA DR PAHOKEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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
Janice Unwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

561-449-9118

Daytime Phone #

CR2E034 (10/02)