

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-25-2003 90199 021 ***150.00

DOCUMENT # 264162

1. Entity Name
T.W. BLOUNT JR. AND SON CONTRACTING CO.



Principal Place of Business
**111 E 54TH ST
JACKSONVILLE FL 32208**

Mailing Address
**P.O. BOX 16509
JACKSONVILLE FL 32245
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-0978576

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BLOUNT, DOROTHY C
111 E 54TH ST
JACKSONVILLE FL 32208**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE **PD** ☐ Delete
NAME **BLOUNT, DOROTHY C**
STREET ADDRESS **111 EAST 54TH STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **VPD** ☐ Delete
NAME **BLOUNT, RICHARD W**
STREET ADDRESS **2304 SHIPWRECK CIR., W.**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **SD** ☒ Delete
NAME **THOMPSON, LINDA B**
STREET ADDRESS **15 ELK COURT**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **D** ☐ Delete
NAME **SHURM, DIANE B.**
STREET ADDRESS **111 EAST 54TH STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **DOROTHY C BLOUNT PD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 24, 2003 904-642-1260
Date Daytime Phone #

CR2E034 (10/02)