

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90109 035 ***150.00

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DOCUMENT # 340377



1. Entity Name
BLAZER FINANCIAL SERVICES, INC. OF MIAMI

Principal Place of Business
**8900 GRAND OAK CIR
TAMPA FL 33637
US**

Mailing Address
**8900 GRAND OAK CIR
TAMPA FL 33637
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1229449**

Applied For
Not Applicable

Zip Country

Zip Country

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (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	SVD	<input type="checkbox"/> Delete
NAME	WHITING, GARY E	
STREET ADDRESS	8900 GRAND OAK CIR	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	P	<input type="checkbox"/> Delete
NAME	GILBERT, DANIEL J	
STREET ADDRESS	8900 GRAND OAK CIR	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	SVSD	<input checked="" type="checkbox"/> Delete
NAME	GARNER, JAMES R	
STREET ADDRESS	8900 GRAND OAK CIR	
CITY-ST-ZIP	TAMPA FL	
TITLE	SV	<input checked="" type="checkbox"/> Delete
NAME	LEVY, RICHARD M	
STREET ADDRESS	8900 GRAND OAK CIRCLE	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	THURSTON, BEVERLY	
STREET ADDRESS	8900 GRAND OAK CIR	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	FIRST VICE PRES. & SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBORAH ROSE TRACY	
STREET ADDRESS	8900 GRAND OAK CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33637	
TITLE	SENIOR VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD E. GODDARD	
STREET ADDRESS	8900 GRAND OAK CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33637	
TITLE	SENIOR VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA BOUCHER	
STREET ADDRESS	8900 GRAND OAK CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33637	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Beverly Thurston* **BEVERLY THURSTON** 211103 813-632-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)