

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 373462

1. Entity Name

RUDY BLAKEY, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90177 017 ***150.00

Principal Place of Business
RT 2, BOX 256
PERRY FL 32347

Mailing Address
RT 2, BOX 256
PERRY FL 32347-9644

2. Principal Place of Business
15360 BEACH ROAD

3. Mailing Address
15360 BEACH ROAD

Suite, Apt. #, etc.
PERRY, FLORIDA

Suite, Apt. #, etc.

City & State
PERRY, FLORIDA

City & State
PERRY, FLORIDA

Zip
32347

Country
USA

Zip
32347

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1347904
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLAKEY, RUDOLPH
RT 2, BOX 256
PERRY FL 32347

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
15360 BEACH ROAD

City
PERRY

FL

Zip Code
32347

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
BLAKEY, RUDOLPH
RT 2, BOX 256
PERRY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

15360 BEACH ROAD

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

R. Blakely
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/00 (850) 578-2800

CR2F034 (9/99)