2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 389060** May 24, 2000 8:00 am Secretary of State BLANCHARD INVESTMENTS, INC. 05-24-2000 90091 038 ***150.00 Mailing Address Principal Place of Business 1414 SWANN AVE. 1414 SWANN AVE #201 TAMPA FL 33606-2533 TAMPA FL 33606 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEì Number City & State City & State 59-0681683 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLANCHARD, G., ROBERT, JR Street Address (P.O. Box Number is Not Acceptable) 1414 SWANN AVE. #201 TAMPA FL 33606 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. VD Change ■ Addition TITLE ☐ Delete TITLE BLANCHARD, JOSEPH NAME NAME 120 PEBBLE SHORE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IRMO SC ☐ Change Addition ☐ Delete TITLE TITLE BLANCHARD, G. ROBERT NAME NAME 1902 S. ARDSLEY STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33629** CITY-ST-ZIP ☐ Change Addition ☐ Delete _ TITLE TITLE BLANCHARD, G. ROBERT (JR NAME NAME 2508 WATROUS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ASD ☐ Change Addition ☐ Delete TITLE TITLE HARRIS, MALCOLM C. NAME NAME 3621 BEACH DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIE TAMPA FL CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE DIVELEY, ALISON NAME 3519 LAKELAND DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COLUMBIA, SC. ☐ Change Addition TD ☐ Delete TITLE TITLE DEAL, JOAN NAME 207 HOLLY RIDGE LN. STREET ADDRESS STREET ADDRESS **COLUMBIA SC** CITY-ST-ZIP CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISECTOR

G. Robert Blanchard

4/28/00

Date

(813) 251-3737

Daytime Phone #