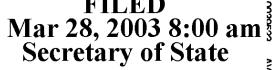
## 2003 FOR PROFIT CORPORATION



\*\*150.00

| UNIFORM BUSINESS REPORT (UBR)                               |  | Mar 28, 2003                        |
|-------------------------------------------------------------|--|-------------------------------------|
| DOCUMENT # 403954  1. Entity Name BLAIR MACHINE & TOOL, INC |  | Secretary of 03-28-2003 90069 016 * |
|                                                             |  |                                     |

Principal Place of Business Mailing Address 8665 PHILLIPS HWY. 8665 PHILLIPS HWY. BMT JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1400635 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEAL, KEITH Street Address (P.O. Box Number is Not Acceptable) 140 REGENCY SQUARE JACKSONVILLE FL 32211 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition BLAIR, EDWARD M NAME NAME STREET ADDRESS 12512 ALADDIN ROAD STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BLAIR, GROVER M NAME NAME STREET ADDRESS 12520-1 ALADDIN RD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL-CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BLAIR, GLENN M NAME . YSTREET ADDRESS 12520 ALADDIN RD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP ST TITLE ☐ Delete TITLE ☐ Change Addition BLAIR, PEARL NAME NAME STREET ADDRESS 12520-1 ALADDIN RD STREET ADDRESS CITY-ST-ZIP Jacksonville FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition persition MCDOWELL, JANICE B NAME lington er. Ad 3809 TURLINGTON CREEK RE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE ☐ Delete TATLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.