

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90077 050 ***158.75

DOCUMENT # 637530

1. Entity Name

PORT SALERNO GROCERY, INC.

Principal Place of Business

Mailing Address

SALERNO RD
BOX 828
SALERNO FL 34992

BLACKMAN, ELBERT C. III
PO D T N/A
PORT SALERNO FL 34992
US

00043031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PORT SALERNO GROCERY

3. Mailing Address

Suite, Apt. #, etc.
4089 SALERNO RD.

Suite, Apt. #, etc.

City & State
STUART FLORIDA

City & State

Zip
34997

Country
USA

Zip

Country

4. FEI Number
59-1984961

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOGT, THOMAS A.
700 COLORADO AVENUE
STUART FL 33494

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.

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	PD	<input type="checkbox"/> Delete
NAME	BLACKMAN, ELBERT C. III	
STREET ADDRESS	P.O. DRAWER T	
CITY-ST-ZIP	PORT SALERNO FL	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	BLACKMAN, SANDRA A.	
STREET ADDRESS	8496 PALM HAMMOCK LANE	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTOPHER J BLACKMAN	
STREET ADDRESS	1950 SE COVE RD.	
CITY-ST-ZIP	STUART FLORIDA 34997	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELBERT C. BLACKMAN IV	
STREET ADDRESS	PO. BOX 828 / 1950 SE COVE	
CITY-ST-ZIP	PORT SALERNO FLORIDA 34992	
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		
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		

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-00 **561-287-5740**

Date

Daytime Phone #

CR2E034 (9/99)