

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
 04-24-2002 90330 048 ***150.00

DOCUMENT # F01000001678

1. Entity Name
BLAZER FINANCIAL SERVICES, INC.

Principal Place of Business

**8900 GRAND OAK CIRCLE
 TAMPA FL 33637-1050**

Mailing Address

**8900 GRAND OAK CIRCLE
 TAMPA FL 33637-1050**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **51-0079740**

Applied For
 Not Applicable

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

**C T CORPORATION SYSTEM
 1200 SOUTH 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.

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
 NAME **SHIGLEY, HENRY F**
 STREET ADDRESS **17822 OSPREY POINTE PLACE**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE **President** ☐ Change ☒ Addition
 NAME **Daniel Gilbert**
 STREET ADDRESS **9814 Compass Point Way**
 CITY-ST-ZIP **Tampa, FL 33615**

TITLE **VSGC** ☐ Delete
 NAME **GARNER, JAMES R**
 STREET ADDRESS **17952 CACHET ISLE DR.**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VCMO** ☐ Delete
 NAME **WHITING, GARDNER E III**
 STREET ADDRESS **17417 HEATHER OAKS PLACE**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VCFO** ☐ Delete
 NAME **LEVY, RICHARD M**
 STREET ADDRESS **12118 SE 21ST STREET**
 CITY-ST-ZIP **SEATTLE WA 98101**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **POUNDS, JACK W**
 STREET ADDRESS **17804 ARBOR GREEN DR.**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **ROWLES, SEAN**
 STREET ADDRESS **354 BAYSHORE BLVD. #1902**
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5318 SW Admiral Way**
 CITY-ST-ZIP **West Seattle, WA 98116**

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: Beverly Thurston **Beverly Thurston, Assistant Secretary 4/3/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)