

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90072 033 \*\*\*150.00

**DOCUMENT # F29373**

1. Entity Name

**BLAKELY, WARD, STUCKEY OF FLORIDA, INC.**

Principal Place of Business		Mailing Address	
2641 EAST ATLANTIC BLVD POMPANO BCH FL 33062	STE 201	2641 EAST ATLANTIC BLVD POMPANO BCH FL 33062-4947	STE 201

**822968**



DO NOT WRITE IN THIS SPACE

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	59-2110651	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**TATUM, MARK C**  
**2771 N.E. 57TH ST.**  
**FT. LAUDERDALE FL 33308**

**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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLAKELY, THOMAS A</b>	NAME	
STREET ADDRESS	<b>2641 E. ATLANTIC BLVD STE 201</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TATUM, MARK C</b>	NAME	
STREET ADDRESS	<b>2771 N.E. 57TH ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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: Thomas A. Blakely Date: 1/27/00 Daytime Phone #: 404-325-3155

CR2E034 (9/99)