## 2002 UNIFORM BUSINESS REPORT (UBR)

## Sep 12, 2002 8:00 am Secretary of State DOCUMENT # F29373 1. Entity Name 09-12-2002 90085 035 \*\*\*550.00 BLAKELY, WARD, STUCKEY OF FLORIDA, INC. Principal Place of Business Mailing Address 2641 EAST ATLANTIC BLVD STE 201 2641 EAST ATLANTIC BLVD STE 201 POMPANO BEACH FL 30062 POMPANO BEACH FL 30062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2110651 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TATUM, MARK C Street Address (P.O. Box Number is Not Acceptable) 2771 N.E. 57TH ST. FT. LAUDERDALE FL 33308 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition NAME VITALE, GEORGE STREET ADDRESS 2641 EAST ATLANTIC BLVD STE 201 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 30062 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TATUM, MARK C NAME STREET ADDRESS 2771 N.E. 57TH ST STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33308 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

FILED

☐ Addition