

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90194 004 ***150.00

DOCUMENT # **G 24943**

1. Entity Name

ROBERT BLAIKIE & SONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12001 BACKWATER ROAD

Suite, Apt. #, etc.

3. Mailing Address

12001 BACKWATER ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SARASOTA FLORIDA

City & State
SARASOTA FLORIDA

4. FEI Number

59-2310241

Applied For

Not Applicable

Zip **34240**

Country

USA

Zip **34240**

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL B. BLAIKIE

Street Address (P.O. Box Number is Not Acceptable)

12001 BACKWATER ROAD

City

SARASOTA

FL

Zip Code

34240

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT P. BLAIKIE 3210 59TH STREET FT. LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER MARGUERITE M. BLAIKIE 3210 59TH STREET FT. LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. & CHIEF OPERATING OFFICER MICHAEL B. BLAIKIE 12001 BACKWATER ROAD SARASOTA FL 34240	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL B. BLAIKIE

04/25/02

Date

(813) 241-2404

Daytime Phone #