

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90079 008 \*\*\*150.00

**DOCUMENT # G59818**

1. Entity Name

**MICHAEL BLOCKER, INC.**

Principal Place of Business **SUITE 10**

Mailing Address

~~4171 S. PINE AVE~~ **2801 SW COLLEGE RD** ~~P.O. BOX 2585~~  
~~OCALA, FL 34474~~ **OCALA, FL 34474** ~~OCALA, FL 34474~~  
~~US~~ **US**

**Michael Blocker, Inc**  
**P.O. Box 2585**  
**Ocala, FL 34478-2585**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2801 SW COLLEGE RD**

3. Mailing Address

**P.O. BOX 2585**

Suite, Apt. #, etc.  
**SUITE 10**

Suite, Apt. #, etc.

City & State

**OCALA, FL**

City & State

**OCALA, FL**

4. FEI Number **59-2351951**

Applied For

Not Applicable

Zip **34474**

Country **USA**

Zip **34478**

Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCKEEVER, JOHN P.**  
**7 EAST SILVER SPRINGS BLVD.**  
**SUITE 500, CONCORD SQUARE**  
**OCALA FL 32670**

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, 2001 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 **PDT** ☐ Delete  
NAME **BLOCKER, W MICHAEL**  
STREET ADDRESS **2030 SW 61ST LANE RD**  
CITY-ST-ZIP **OCALA FL**

TITLE **VPS** ☐ Delete  
NAME **BLOCKER, MARGUERITE R**  
STREET ADDRESS **2030 SW 61ST LANE RD**  
CITY-ST-ZIP **OCALA FL**

TITLE **AVP** ☐ Delete  
NAME **RAY, WILLIAM B**  
STREET ADDRESS **1331 SE 5TH ST**  
CITY-ST-ZIP **OCALA FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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

*W. Michael Blocker* **W. MICHAEL BLOCKER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/6/01**

Daytime Phone #

**352-629-5151**

CR2E034 (10/00)