

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90017 028 ***150.00

BC001673



DO NOT WRITE IN THIS SPACE

DOCUMENT # G72629
1. Entity Name
BLANCHARD'S VINYL SHELVING, INC.

| | |
|--|--|
| Principal Place of Business 3343 ARTESIAN DR LANTANA FL 33462 US | Mailing Address 3343 ARTESIAN DR LANTANA FL 33462 US |
|--|--|

| | |
|--|--|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|--|--|

| | |
|-------------------------|-------------------------|
| City & State | City & State |
|-------------------------|-------------------------|

| | | | |
|------------|----------------|------------|----------------|
| Zip | Country | Zip | Country |
|------------|----------------|------------|----------------|

| | |
|---------------------------------|---|
| 4. FEI Number 59-2372461 | Applied For <input type="checkbox"/> Not Applicable |
|---------------------------------|---|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

6. Name and Address of Current Registered Agent
 BLANCHARD, JAMES T.
 719 NW 7TH COURT
 BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent
 Name: JAMES T Blanchard
 Street Address (P.O. Box Number is Not Acceptable): 122 SW 10th Street
BOYNTON BEACH
 City: FL Zip Code: 33426

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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 | | <input type="checkbox"/> Delete |
|----------------------------|--------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> |
| NAME | BLANCHARD, JAMES T | |
| STREET ADDRESS | 3343 ARTESIAN DR | |
| CITY-ST-ZIP | LANTANA FL 33462 | |
| TITLE | VST | <input type="checkbox"/> |
| NAME | BLANCHARD, BARBARA | |
| STREET ADDRESS | 3343 ARTESIAN DR | |
| CITY-ST-ZIP | LANTANA FL 33462 | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|-----------------------|--|-----------------------------------|
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | 122 SW 10th Street | | |
| CITY-ST-ZIP | BOYNTON BCH, FL 33426 | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | 122 SW 10th Street | | |
| CITY-ST-ZIP | BOYNTON BCH, FL 33426 | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 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: Barbara Blanchard BARBARA BLANCHARD 1/5/01 736-1052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)