

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H08387

1. Entity Name

NORMAN R. BLOXHAM, CUSTOM BUILDER, INC.

**FILED**  
May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90105 047 \*\*\*150.00

Principal Place of Business

Mailing Address

17091 STATE ROAD 80  
ALVA FL 33920  
US

17091 STATE ROAD 80  
ALVA FL 33920-3525  
US

2. Principal Place of Business

1860 Carbonata Drive  
Suite, Apt. #, etc.

3. Mailing Address

1860 Carbonata Drive  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Alva, Florida  
Zip  
33920  
Country  
US

City & State  
Alva, Florida  
Zip  
33920  
Country  
US

4. FEI Number 59-2460755

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOXHAM, NORMAN R  
17091 STATE ROAD 80  
ALVA FL 33920

Name

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

1860 Carbonata Drive

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

Norman R. Bloxham, President

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
BLOXHAM, NORMAN R.  
17091 STATE ROAD 80  
ALVA FL 33920 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1860 Carbonata Drive ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
BLOXHAM, CRAIG  
11220 BENT PINE DRIVE  
FT. MYERS FL 33913 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman R. Bloxham

4-28-30

Date

941-728-2143

Daytime Phone #

CR2E034 (9/99)