

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90135 041 ***150.00

DOCUMENT # J76977

1. Entity Name

BLAKE, C. BLAKE GENEALOGISTS, INC.

Principal Place of Business

Mailing Address

4 OLD KINGS ROAD NORTH
 SUITE C
 PALM COAST, FL 32137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0002523

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

80039060

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLAKE, JOAN C.
 4 OLD KINGS ROAD NORTH
 SUITE C
 PALM COAST, FL 32137

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, 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

TITLE: PTSD
 NAME: BLAKE, JOAN C.
 STREET ADDRESS: 4 OLD KINGS ROAD NORTH, SUITE C
 CITY - ST - ZIP: PALM COAST, FL 32137

☐ Delete

TITLE: D
 NAME: RICHARD BLAKE
 STREET ADDRESS: 4 OLD KINGS ROAD NORTH, SUITE C
 CITY - ST - ZIP: PALM COAST, FL 32137

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TITLE: VP
 NAME: CLIFFORD VON LANGEN
 STREET ADDRESS: 4 OLD KINGS ROAD NORTH, SUITE C
 CITY - ST - ZIP: PALM COAST, FL 32137

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TITLE:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

☐ Change ☐ Addition

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☐ 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

Date

Daytime Phone #