

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90133 010 \*\*\*150.00

**DOCUMENT # J76977**

1. Entity Name  
**BLAKE & BLAKE GENEALOGISTS, INC.**

Principal Place of Business

4 OLD KINGS RD. N.  
 STE C  
 PALM COAST FL 32137  
 US

Mailing Address

4 OLD KINGS RD. N.  
 STE C  
 PALM COAST FL 33432  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1 FLORIDA PARK DR N**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#204 SUNRISE PLAZA**

City & State

City & State

**PALM COAST, FL**

Zip

Country

Zip

Country

**32137**

4. FEI Number **65-0002523**

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

**BLAKE, JOAN C.**

**4 OLD KINGS ROAD, N.**

**STE C**

**BOCA RATON FL 32137**

Name

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

**1 FLORIDA PARK DR NORTH**

**#204 SUNRISE PLAZA**

City

**PALM COAST**

**FL**

Zip Code

**32137**

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, 2002 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 ☐ Delete  
 NAME **PTSD**  
 STREET ADDRESS **BLAKE, JOAN C.**  
 CITY-ST-ZIP **4 OLD KINGS RD N STE C**  
**PALM COAST FL 32137**

TITLE ☒ Change ☐ Addition  
 NAME **1 FLORIDA PARK DR NORTH #204**  
 STREET ADDRESS **PALM COAST FLA 32137**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **RICHARD BLAKE**  
 CITY-ST-ZIP **4 OLD KINGS RD, N STE C**  
**PALM COAST FL 32137**

TITLE ☒ Change ☐ Addition  
 NAME **1 FLORIDA PARK DR NORTH #204**  
 STREET ADDRESS **PALM COAST FL 32137**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Richard D. Blake*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/21/02** **386-446-2939**

Date

Daytime Phone #

CR2E034 (9/01)