

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -1 AM 8:20

DOCUMENT # J76977

1. Entity Name

BLAKE & BLAKE GENEALOGISTS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4 OLD KINGS NORTH

3. Mailing Address
SAME

Suite, Apt. #, etc.
SUITE C

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM COAST, FL 32137

City & State

4. FEI Number

Applied For
Not Applicable

Zip
32137

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BLAKE, JOAN C.

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

4 OLD KINGS NORTH

SUITE C

City
PALM COAST

FL

Zip Code
32137

DO NOT WRITE
IN THIS SPACE

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

Richard A. Blake Jr

0/4/03

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	PTSD JOAN C. BLAKE 4 OLD KINGS RD NORTH SUITE C
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICHARD BLAKE 4 OLD KINGS RD NORTH SUITE C
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CLIFFORD VON LANGEN 4 OLD KINGS RD NORTH SUITE C
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	900017622299 04/30/03--01124--001 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE 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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard A. Blake Jr

0/4/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034B (12/01)

95/5