

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90304 043 \*\*\*150.00

**DOCUMENT # K42698**

1. Entity Name  
**BLANTON & UNWIN-RENTAL CO.**



Principal Place of Business  
**120 STATE MARKET ST.  
P. O. BOX 61  
PAHOKEE FL 33476**

Mailing Address  
**120 STATE MARKET ST.  
P. O. BOX 61  
PAHOKEE FL 33476**



2. Principal Place of Business

3. Mailing Address

**102 Rainbow Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.M.B. #208**

City & State

City & State

**Livingston, Texas**

Zip

Country

**77399**

**USA**

4. FEI Number **65-0083260**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNWIN, JANICE  
120 STATE MARKET ROAD  
PAHOKEE FL 33476**

Name

**Janice Unwin**

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

**102 Rainbow Drive 2031 Bacom Pt. Rd.**

City

**Livingston, TX 77399**

FL

Zip Code

**33476**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP UNWIN, JANICE 2031 BACOM POINT ROAD PAHOKEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD UNWIN, ELAINE 2031 BACOM POINT ROAD PAHOKEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD UNWIN, DAVID 2031 BACOM POINT ROAD PAHOKEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Unwin**

**4/21/03**

Date

**561-449-9418**

Daytime Phone #

CR2E034 (10/02)