


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90091 019 \*\*\*158.75

<b>DOCUMENT #</b> K99144	
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<b>1. Entity Name</b> BLAIR ENTERPRISES OF MADISON, INC.	<b>Principal Place of Business</b> 626 NE DUSTY MILLER AVENUE MADISON FL 32340 US	<b>Mailing Address</b> P.O. BOX 1122 MADISON FL 32341 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
<b>4. FEI Number</b> 59-2956262	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  BLAIR, WILEY D <del>ROUTE 5 BOX 6285</del> MADISON FL 32340  <i>no change - except for address</i>
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<b>7. Name and Address of New Registered Agent</b>  Name: <u>Blair, Wiley D.</u> Street Address (P.O. Box Number is Not Acceptable): <u>626 NE Dusty Miller Ave</u>  City: <u>Madison</u> FL Zip Code: <u>32340</u>
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**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and used in application. (Required: Registered Agent signature required when filing.)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	BLAIR, WILEY D
STREET ADDRESS	RT 5 BOX 6285
CITY-ST-ZIP	MADISON FL
TITLE	STD <input type="checkbox"/> Delete
NAME	BLAIR, MARTHA A
STREET ADDRESS	RT 5 BOX 6285
CITY-ST-ZIP	MADISON FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Blair Wiley D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	626 NE Dusty Miller Ave
CITY-ST-ZIP	Madison, FL 32340
TITLE	Blair Martha A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	626 NE Dusty Miller Ave
CITY-ST-ZIP	Madison, FL 32340
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** MARTHA A. BLAIR **SIGNATURE REQUIRED** Secretary / Treasurer 2-6-03 880/9134224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)