

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90126 026 \*\*\*\*50.00

**DOCUMENT # L01000018619**

1. Entity Name

**CHARLES & BLAINE, LLC**

Principal Place of Business

**23824 INTEGRITY WAY  
SORRENTO FL 32776**

Mailing Address

**P.O. Box 1477  
23824 INTEGRITY WAY  
SORRENTO FL 32776**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 1477**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**SORRENTO, FL**

4. FEI Number

**60-0002361**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32776**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCORMICK, M. BLAINE III  
23824 INTEGRITY WAY  
SORRENTO FL 32776**

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>MCCORMICK, M. BLAINE III</b>	
STREET ADDRESS	<b>23824 INTEGRITY WAY</b>	
CITY-ST-ZIP	<b>SORRENTO FL 32776</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>BECK, CHARLES W</b>	
STREET ADDRESS	<b>23706 OAK VALLEY LANE</b>	
CITY-ST-ZIP	<b>SORRENTO FL 32776</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*M. Blaine III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3/18/02 352-589-6393**

CR2E083 (9/01)