

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90015 047 ***158.75

DOCUMENT # M69393

1. Entity Name

BLALOCK LEASING, INC.

Principal Place of Business

Mailing Address

% MAURY J. BLALOCK, JR.
 763 FLAMINGO DRIVE
 APOLLO BEACH FL 33572

% MAURY J. BLALOCK, JR.
 763 FLAMINGO DRIVE
 APOLLO BEACH FL 33572-2448

2. Principal Place of Business

3. Mailing Address

937 BUNKER VIEW DR.

937 BUNKER VIEW DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

APOLLO BEACH, FL

APOLLO BEACH, FL

Zip **33572** Country **USA**

Zip **33572** Country **USA**

4. FEI Number **59-2881991**

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

BLALOCK JR., MAURY J.
763 FLAMINGO DRIVE
APOLLO BEACH FL 33572

Name

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

937 BUNKER VIEW DRIVE

City

APOLLO BEACH

FL

Zip Code

33572

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	BLALOCK JR., MAURY J.	
STREET ADDRESS	763 FLAMINGO DR	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLALOCK, SALLY L.	
STREET ADDRESS	763 FLAMINGO DR	
CITY-ST-ZIP	APOLLO BEACH 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		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	937 BUNKER VIEW DRIVE
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	937 BUNKER VIEW DRIVE
CITY-ST-ZIP	APOLLO BEACH, FL 33572
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	

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:

SALLY L. BLALOCK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/00 (813) 645-2901

CR2E034 (9/99)