

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M69395

1. Entity Name

BLALOCK & ASSOCIATES, INC.

Principal Place of Business

C/O MAURY J. BLALOCK, JR.
763 FLAMINGO DR
APOLLO BEACH FL 33572

Mailing Address

C/O MAURY J. BLALOCK, JR.
763 FLAMINGO DR
APOLLO BEACH FL 33572-2448

2. Principal Place of Business

937 BUNKER VIEW DR.

3. Mailing Address

937 BUNKER VIEW DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOLLO BEACH, FL

City & State

APOLLO BEACH, FL

Zip

33572

Country

Zip

33572

Country

4. FEI Number

59-2881992

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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 DR
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BLALOCK JR., MAURY J.
763 FLAMINGO DR
APOLLO BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
937 BUNKER VIEW DRIVE
APOLLO BEACH, FL 33572

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BLALOCK, SALLY L
763 FLAMINGO DR
APOLLO BCH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
937 BUNKER VIEW DRIVE
APOLLO BEACH, FL 33572

☒ Change ☐ Addition

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Maury J. Blalock
SALLY L. BLALOCK

Date

Daytime Phone #

4/30/00 (813) 6452901

CR2E034 (9/99)