## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT#**

P00000069695

Mailing Address

1. Entity Name

Principal Place of Business

BLAINE YORKIRONS INVESTMENT CORP.

FILED Sep 15, 2002 8:00 am Secretary of State 09-15-2002 90086 022 \*\*\*550.00

2221 SEGOV	WIN DR		2221 SEGOWIN DR		1	U ~ ~		
PORT ST LU	JCIE FL 34952		PORT ST LUCIE FL 3495	2				
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2. Principal	Place of Busin	less	3. Mailing Address					
32191	SSWB.	tsthucie BUVE	3219 SW Ps.	+st weie	BULD			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Port St Lucy ELORIDA			Portsthueie F. 3443		<del>14,3</del> 4.	4. FE! Number 65-1025017		pplied For ot Applicable
Zip 3 4 953		ST Lucue	Zip 34 953	ST we	16 5.	Certificate of Status Desired	\$8.75 Add Fee Require	
	6. Name	and Address of Current I	Registered Agent			Name and Address of New Regist	ered Agent	
				Name				
YORKIRONS, DENTON ANTHONY B				Street A	reet Address (P.O. Box Number is Not Acceptable)			
2221 SW GOWIN DR								
PORT ST	LUCIE FL 3	34952						
				City			FL Zip Cod	
8. The above	named entity	submits this statement for	the purpose of changing its	registered office o	r registered ag	gent, or both, in the State of Florida.	I am familiar with,	and accept
tile obliga	lionson registi	ared agent.	. /				, ,	
SIGNATURE	Signature, typed	or printed name of registered agent an	2/28/80/10	Registered Agent signer	are required when re	einstating)	12/02	
9 This corn		-						
ax filing	oration is eligi requirement a	ble to satisfy its Intangible nd elects to do so.	FILE NOW!! After September 13	! FEE IS \$550. 2002 Fee will b	.00 be \$750.00	Election Campaign Financin     Trust Fund Contribution.	· _ \\	May Be
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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.

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition