

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90110 017 \*\*\*158.75

**DOCUMENT # P00000112016**

1. Entity Name

**BLACKBURN AUTO GROUP, INC.**

Principal Place of Business

**3438 SKYSAIL PLACE  
TAMPA FL 33607**

Mailing Address

**3438 SKYSAIL PLACE  
TAMPA FL 33607**

2. Principal Place of Business

**8518 Milano Drive**

3. Mailing Address

**8518 Milano Drive**

Suite, Apt. #, etc.

**# 20210**

Suite, Apt. #, etc.

**# 20210**

City & State

**Orlando, FL**

City & State

**Orlando, FL**

Zip

**32810**

Country

**Orange**

Zip

**32810**

Country

**Orange**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3686726**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, LEONARD H  
37837 MERIDIAN AVENUE  
SUITE 314  
DADE CITY FL 33525**

7. Name and Address of New Registered Agent

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

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, 2002 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

TITLE **D** ☐ Delete  
NAME **BLACKBURN, WILLIAM B**  
STREET ADDRESS **3438 SKYSAIL PLACE**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **P** ☐ Delete  
NAME **BLACKBURN, W MATTHEW**  
STREET ADDRESS **607 S WEST AVE #11**  
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **V** ☒ Delete  
NAME **ULIZE, MICHAEL**  
STREET ADDRESS **5528 TEMIN DR GULF DRIVE**  
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **8518 Milano Drive, #20210**  
CITY-ST-ZIP **Orlando, FL 32810**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 or 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/12/02 727 560 0621**

CR2E034 (9/01)