

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000032887

FILED
Jan 04, 2003
Secretary of State

Entity Name: H.C. BLAND INC.

Current Principal Place of Business:

1035 CHANCE ROAD
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

1035 CHANCE ROAD
CHIPLEY, FL 32428

New Mailing Address:

FEI Number: 59-3709966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAND, H. CLYDE
1035 CHANCE ROAD
CHIPLEY, FL 32428

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLAND, CLYDE
Address: 1035 CHANCE ROAD
City-St-Zip: CHIPLEY, FL 32428

Title: VP () Delete
Name: BLAND, PATRICIA
Address: 1035 CHANCE ROAD
City-St-Zip: CHIPLEY, FL 32428

Title: ST () Delete
Name: BLAND, CHERYL
Address: 1035 CHANCE ROAD
City-St-Zip: CHIPLEY, FL 32428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H.CLYDE BLAND

PRES

01/04/2003

Electronic Signature of Signing Officer or Director

Date