


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC -1 AM 8:00

DOCUMENT # PD1000103319  
1. Entity Name  
Blanchard Services, Inc



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2032 Theys Dr  
Suite, Apt. #, etc.

3. Mailing Address  
SAME  
Suite, Apt. #, etc.

City & State  
MELBOURNE FL

City & State  
MELBOURNE FL

Zip 32940 Country BREVARD

Zip Country

**REINSTATEMENT 03**

DO NOT WRITE IN THIS SPACE MRS

4. FEI Number 59-3751889  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Richard J Blanchard

Street Address (P.O. Box Number is Not Acceptable)  
2032 Theys Drive

City Melbourne FL Zip Code 32940

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE 10-19-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Richard Joseph Blanchard</u> <u>2032 Theys Dr</u> <u>Melbourne, FL 32940</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>500025231605</u> <u>12/04/03--01027--004 **158.75</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Life President</u> <u>LISA JANE BLANCHARD</u> <u>2032 Theys Dr</u> <u>Melbourne, FL 32940</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other life empowered.

SIGNATURE: [Signature] Lisa Blanchard DATE 10-19-03 Daytime Phone # 321 2536073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

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**Blanchard Services, Inc.**  
2032 Theys Drive, Melbourne, FL 32940

Friday, August 01, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Blanchard Services, Inc. *2003 UBR*  
Document Number: P01000103319

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Dear Sir or Madam,

We are submitting the 2003 Uniform Business Report for Blanchard Services, Inc. and payment of the original filing fee in the amount of \$150.00.

The attached form is the first report we received for this year. We did not receive a first notice.

Please drop the \$400.00 penalty.

Thank you for your assistance in this matter.

Respectfully,

Richard Blanchard  
President and Director

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