

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91475 001 ***150.00

DOCUMENT # P01000122042

1. Entity Name

TIMOTHY S. BLACKWELL, P.A.



DO NOT WRITE IN THIS SPACE

10088450

2. Principal Place of Business

1130 Windy Bluff Dr.

Suite, Apt. #, etc.

3. Mailing Address

717 E. Oak Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Clermont, FL

City & State

Kissimmee, FL

4. FEI Number

26-0004304

Applied For

Not Applicable

Zip

34711

Country

USA

Zip

34744

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Swart, Harry J. CPA

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

717 E. Oak Street

City

Kissimmee

FL

Zip Code

34744

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D, P, S
NAME Blackwell, Timothy S.
STREET ADDRESS 1130 Windy Bluff Dr.
CITY-ST-ZIP Clermont, FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP, T
NAME Blackwell, Lacey C.
STREET ADDRESS 1130 Windy Bluff Dr.
CITY-ST-ZIP Clermont, FL 34711

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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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy S Blackwell 4-22-03

Date

352-242-2006

Daytime Phone #

CR2E034B (12/02)