

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90215 033 \*\*\*150.00

**DOCUMENT #** P02000004803

**1. Entity Name**  
BLAINE PETERSON, INC.



**Principal Place of Business**  
1 SLEIMAN PKWY., STE. 220  
JACKSONVILLE FL 32216

**Mailing Address**  
1 SLEIMAN PKWY., STE. 220  
JACKSONVILLE FL 32216



**2. Principal Place of Business**  
363-12 Atlantic Blvd

**3. Mailing Address**  
1500 NEPTUNE GROVE DRIVE

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

**City & State**  
Atlantic Beach, FL

**City & State**  
NEPTUNE BCH, FL

**4. FEI Number**  
73-1625389

Applied For  
 Not Applicable

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

**Zip** 32233 **Country** USA **Zip** 32266 **Country** USA

**6. Name and Address of Current Registered Agent**

PETERSON, BLAINE  
620 8TH AVE. N  
JACKSONVILLE BEACH FL 32250

1500 NEPTUNE GROVE DRIVE WEST  
NEPTUNE BCH, FL 32266

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

SIGNATURE *Blaine Peterson* Blaine Peterson **4/9/03**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PETERSON, BLAINE 628 8TH AVE. N. JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with another like empowered.**

**SIGNATURE:** *Blaine Peterson* **SIGNATURE REQUIRED** **4/9/03** **104-334-3140**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)