

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
Suite, Apt. #, etc.

3. Mailing Address
1500 NEPTUNE GROVE DRIVE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Atlantic Beach, FL
Zip
32233
Country
USA

City & State
Neptune Bch, FL
Zip
32266
Country
USA

4. FEI Number
73-1625389

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERSON, BLAINE
628 8TH AVE. N 1500 NEPTUNE GROVE DRIVE WEST
JACKSONVILLE BEACH FL 32266 NEPTUNE BCH, FL 32266

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

(NOTE: Registered Agent signature required when reinstating)

4/9/03
DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
PETERSON, BLAINE
628 8TH AVE. N.
JACKSONVILLE BEACH FL 32250 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03
Date

104-334-3140
Daytime Phone #

CR2E034 (10/02)