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

## P02000065168 **DOCUMENT #**

1. Entity Name



## **FILED**

GO WE THE

BLACKMON CONSULTING INC.				02-20-20	03 901/1 033 ***1.	30.00	
er a arana	e e e e e e e e e e e e e e e e e e e		-	Number on contract			
Principal Place of Business 12639 GLENNA AVE. TAMPA FL 33635	Mailing Address 12639 GLENNA AVE. TAMPA FL 33635	12639 GLENNA AVE.					
2. Principal Place of Business 4118 PAND GA PARTOR	3. Mailing Address  £ 4/13 Parce  Suite, Apt. #, etc.	SA PARE )	Ria	1 <b>18</b>   101  11  <b>10</b>   11  18  18  18  18  18  18  18  18  18			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HER	RE IF MAKING CHANGE	S	
Cityel State  BRANDON FC	Sity & State  BRANDON - FL			4. FEI Number 300-11-872	~ <del> </del>	Applied For Not Applicable	
33511 BUSA	Zip 3 3511	Country		5. Certificate of Status Desired	Fee Requi		
6. Name and Address of Current	Registered Agent	Name	7	7. Name and Address of New Registered Agent			
BLACKMON, PATRICIA -12639-GLENNA-AVE. 4118 FANOGA -TAMPA-FL-33635 BRANDON, F	Street A	Street Address (P.O. Box Number is Not Acceptable)					
The above named entity submits this statement fo the obligations of registered agent.  SIGNATURE						n, and accept	
Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: f	Registered Agent signat	ure required whe	en reinstating)	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 Trust Fund Contribu	~ _ +	.00 May Be ed to Fees	
10. OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO O	FFICERS AND DIRECTO	RS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATRI 4118	WDENT CA BLACKMON PANDLA PARK NON , FL 33511	DRIVE	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIP EARNE 4118 A	PANOGA PARE DRI LOON, FL 33	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		70.0	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	

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 all other like empowered.

SIGNATURE: PATRICIA BIACKINON/APCENICAERS achm SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.22.03 Date

256.245.0725

Daytime Phone #