

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90257 049 ***168.75

DOCUMENT # P02000072967

1. Entity Name
JIM BLANTON REALTY, INC.



10094601



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business 401 S LINCOLN AVE CLEARWATER, FL 202 Hemingway Dr. OLDSMAR FL 34677		Mailing Address 401 S LINCOLN AVE CLEARWATER, FL P.O. BOX 908 OLDSMAR FL 34677	
2. Principal Place of Business ↑ change		3. Mailing Address ↑ change	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 01-0728405	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LOVELACE, WILLIAM K 401 S LINCOLN AVE CLEARWATER, FL	7. Name and Address of New Registered Agent Name James M. Blanton Street Address (P.O. Box Number is Not Acceptable) 202 Hemingway Drive City OLDSMAR FL 34677
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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 James M. Blanton **JAMES M. Blanton** **April 28, 2003**
(NOTE: Registered Agent signature required when registering)

FILE NOW! FEE \$350.00 After May 1, 2003, Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	BLANTON, JAMES M			NAME			
STREET ADDRESS	P O BOX 908			STREET ADDRESS			
CITY-ST-ZIP	OLDSMAR, FL 34677			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 all other like empowered.

SIGNATURE: James M. Blanton **JAMES M. Blanton** **April 28, 2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **813-818-0143**
Date Daytime Phone

CR2E034 11002