

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91879 008 ***150.00

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DOCUMENT # P02000083290

1. Entity Name

BLANKENSHIP LANDSCAPE, INC.



Principal Place of Business

~~760 N. THISTLE LANE~~

~~MAITLAND FL 32751-0919~~

Mailing Address

~~760 N. THISTLE LANE~~

~~MAITLAND FL 32751-0919~~

2. Principal Place of Business

2319 Sun Valley Circle

3. Mailing Address

Suite, Apt. #, etc.
(see new address)
City & State **at left**

Suite, Apt. #, etc.

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☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

51-0418600

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLANKENSHIP, SAMUEL R
760 N. THISTLE LANE
MAITLAND FL 32751-0919

7. Name and Address of New Registered Agent

Name

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

2319 Sun Valley Circle

City **Winter Park**

FL

Zip Code

32792-1183

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

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BLANKENSHIP, SAMUEL R	
STREET ADDRESS	760 N. THISTLE LANE	
CITY-ST-ZIP	MAITLAND FL 32751-0919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, VP, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2319 Sun Valley Circle	
CITY-ST-ZIP	Winter Park, FL 32792-1183	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03 321-689-0073

Date

Daytime Phone #

CR2E034 (10/02)