


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

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

05-13-2004 90014 015 \*\*\*150.00

DOCUMENT # <b>P03000025721</b>	
1. Entity Name <b>JUDY BLAKEMAN P.A.</b>	

**DO NOT WRITE IN THIS SPACE**

**54054286**

2. Principal Place of Business <b>11120 N. Harmony Lake Cir.</b> Suite, Apt. #, etc.	3. Mailing Address <b>11120 N. Harmony Lake Cir.</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>Davie, Florida</b>	City & State <b>Davie, Florida</b>	4. FEI Number <b>56-2325603</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33324</b>	Country	Zip <b>33324</b>	Country
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

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

Name **Spiegel & Utrera, P.A.**

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

**1840 Coral Way, 4th Floor**

City **Miami**

**FL**

Zip Code  
**33145**

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 <b>President</b>	NAME <b>Judy A. Blakeman</b> STREET ADDRESS <b>11120 N. Harmony Lake Cir.</b> CITY-ST-ZIP <b>Davie FL 33324</b>
TITLE <b>Secretary</b>	NAME <b>David Utrera</b> STREET ADDRESS <b>11120 N. Harmony Lake Cir.</b> CITY-ST-ZIP <b>Davie FL 33324</b>
TITLE <b>Secretary</b>	NAME <b>Judy Blakeman</b> STREET ADDRESS <b>11120 N. Harmony Lake Cir.</b> CITY-ST-ZIP <b>Davie FL 33324</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 on an attachment with an address, with all other like empowered.

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

**4-21-04 954 4758243**  
Date Daytime Phone #

CR2E034B (12/02)