


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

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90118 013 ***150.00

DOCUMENT # PO3000136585
1. Entity Name
FRED BLAZER DRYWALL INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1212 S. CENTRAL AVE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 225
Suite, Apt. #, etc.

City & State
FLAGLER Bch. FLA.

City & State
FLAGLER Bch. FLA.

Zip
32136

Country
U.S.

Zip
32136

Country
U.S.

4. FEI Number
90-0127192

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
FRED R. BLAZER

Street Address (P.O. Box Number is Not Acceptable)
1212 S. CENTRAL AVE.

City
FLAGLER Bch. FL Zip Code
32136

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.

X SIGNATURE Fred R Blazer DATE 9-1-04
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

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

I DID NOT RECEIVE A REPORT FOR THE CORP. THIS YEAR.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE	<u>P.</u>	TITLE	
NAME	<u>FRED R. BLAZER</u>	NAME	
STREET ADDRESS	<u>1212 S. CENTRAL AVE.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>FLAGLER Bch. FLA. 32136</u>	CITY-ST-ZIP	
TITLE	<u>V.P.</u>	TITLE	
NAME	<u>FRED R. BLAZER</u>	NAME	
STREET ADDRESS	<u>1212 S. CENTRAL AVE.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>FLAGLER Bch. FLA. 32136</u>	CITY-ST-ZIP	
TITLE	<u>SEC.</u>	TITLE	
NAME	<u>FRED R. BLAZER</u>	NAME	
STREET ADDRESS	<u>1212 S. CENTRAL AVE.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>FLAGLER Bch. FLA. 32136</u>	CITY-ST-ZIP	
TITLE	<u>TRE.</u>	TITLE	
NAME	<u>FRED R. BLAZER</u>	NAME	
STREET ADDRESS	<u>1212 S. CENTRAL AVE.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>FLAGLER Bch. FLA. 32136</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

X SIGNATURE: Fred R Blazer DATE 9-1-04 388-931-1466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)