2002 Uniform Business Report (UBR)

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Mar 18, 2002 8:00 am DOCUMENT # P36937 **Secretary of State** 1. Entity Name 03-18-2002 90079 007 ***150.00 BLAIR CONSULTING GROUP, LTD., INC. Principal Place of Business Mailing Address 4 TROPICANA DRIVE 4 TROPICANA DRIVE R0044594 PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 2. Principal Place of Business 3. Mailing Address AMS Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLAIR, W. BRADLEY Street Address (P.O. Box Number is Not Acceptable) **4 TROPICANA DRIVE PUNTA GORDA FL 33950** Zip Code 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) Change ☐ Addition TITLE AS ☐ Delete TITLE NAME **BLAIR, W BRADLEY** NAME STREET ADDRESS STREET ADDRESS 4 TROPICANA DR CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33950 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME **BLAIR, MARY JANE** STREET ADDRESS STREET ADDRESS 4 TROPICANA DRIVE CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL Change ☐ Addition ☐ Delete TITLE TIT! F NAME NAME BLAIR, BRADLEY W III STREET ADDRESS STREET ADDRESS 14 NORTH ROGERS COURT CITY-ST-ZIP CITY-ST-ZIP **CHARLESTON SC 29401** ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12

changed, or on an attachment with an address, with all other like

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