

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

DOCUMENT # **P 93000002793**

1. Entity Name

STEPHEN L. BLACKMORE Co.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

688 RUTA DE ARBOL

Suite, Apt. #, etc.

3. Mailing Address

688 RUTA DE ARBOL

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

APOPKA FLORIDA

Zip

32712

Country

USA

City & State

APOPKA FLORIDA

Zip

32712

Country

USA

4. FEJ Number

65-0380304

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROWELL, ANN

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

688 RUTA DE ARBOL

City

APOPKA

FL

Zip Code

32712

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

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tpx filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PDVTs**
NAME **BLACKMORE, STEPHEN L.**
STREET ADDRESS **688 RUTA DE ARBOL**
CITY - ST - ZIP **APOPKA, FL 32712**

TITLE **D**
NAME **STEPHEN L. BLACKMORE**
STREET ADDRESS **688 RUTA DE ARBOL**
CITY - ST - ZIP **APOPKA, FL 32712**

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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Stephen L. Blackmore **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-2002

Date

937-367-3102

Daytime Phone #

STEPHEN L. BLACKMORE

CR2E034B (12/01)