

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

01-28-2003 90113 001 ***150.00
01-28-2003 90113 002 *****8.75

SECRETARY OF SP90000002793
DIVISION OF CORPORATIONS

03 FEB -4 PM 3:12

DOCUMENT # **P93000002793**

1. Entity Name

STEPHEN L. BLACKMORE Co.



DO NOT WRITE IN THIS SPACE

55003186

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. FEI Number

65-0380304

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

ANN ROWELL

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

688 RUTA DE ARBOL

City **APOPKA**

FL Zip Code **32712**

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IN THIS SPACE**

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

N/A

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

(NOTE: Registered Agent signature required when re-registering)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.D.V.T.S.C
STEPHEN L. BLACKMORE
688 RUTA DE ARBOL
APOPKA, FLORIDA 32712**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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.

SIGNATURE

Steph L. Blackmore Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN L. BLACKMORE, Pres.

1/24/2003

Date

937-367-3102

Daytime Phone #

2/4/03

CR2E0348 (12/02)