

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

FILED

03 NOV 17 PM 12:56


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 02-03

12/23/03 01039 016  
DO NOT WRITE IN THIS SPACE  
6002

DOCUMENT # **P93000048626**

1. Entity Name  
**1380 Blountstown, Inc.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1380 Blountstown Hwy**  
Suite, Apt. #, etc.

3. Mailing Address  
**2364 Cypress Cove Dr**  
Suite, Apt. #, etc.

City & State  
**Tallahassee, FL**

City & State  
**Tallahassee, FL**

Zip  
**32304** Country  
**Leon**

Zip  
**32310** Country  
**Leon**

4. FEI Number  
**59-3190670**

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  
**Walker, Claude R**

Street Address (P.O. Box Number is Not Acceptable)  
**1983 Centre Pointe Blvd**

**Suite 200**

City  
**Tallahassee** FL Zip Code  
**32308**

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  **8/13/03 11/14/03**


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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Brown, Stewart 2364 Cypress Dr Tallahassee, FL 32310</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700023337907 09/25/03--01039--024 **300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD Jordan, William 422 North Ride Tallahassee, FL 32303</b>	TITLE NAME 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:  **8/13/03 850 576-6329**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/02)

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