4/9/02

FILED
May 21, 2002 8:00 am
Secretary of State
04-09-2002 90071 003 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000055599

1. Entity Name
CHANJOHNBLAKE, INC.

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28242 [redacted]

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2. Principal Place of Business	3. Mailing Address	4. FEI Number	
1221 E. Tarpon Ave Suite, Apt. #, etc.	1221 E. Tarpon Ave Suite, Apt. #, etc.	59-3259832	Applied For Not Applicable
City & State Tarpon Springs, FL	City & State Tarpon Springs, FL		
34689 / Country USA	Zip 34689 / Country USA	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Mariette B. Thompson

Street Address (P.O. Box Number is Not Acceptable): 1221 E. Tarpon Ave

City: Tarpon Springs | FL | Zip Code: 34689

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: Mariette B. Thompson — DATE: 4/23/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax 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	Director/President
NAME	Mariette B. Thompson
STREET ADDRESS	1221 E. Tarpon Ave
CITY-ST-ZIP	Tarpon Springs, Fl 34689
TITLE	Secretary
NAME	John G. Thompson
STREET ADDRESS	1221 E. Tarpon Ave
CITY-ST-ZIP	Tarpon Springs, Fl 34689

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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: Mariette B. Thompson — 3/27/02 — 727-934-7377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #