

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093394

1. Entity Name

BLAIR INVESTMENT PROPERTIES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90452 019 ***150.00

Principal Place of Business

445 W COLONIAL DR
ORLANDO FL 32804
US

Mailing Address

445 W COLONIAL DR
ORLANDO FL 32772-0939
US

2. Principal Place of Business

537 Deltona Blvd
Suite, Apt. #, etc.
201

3. Mailing Address

P.O. Box 939
Suite, Apt. #, etc.

City & State

Deltona FL

City & State

Sanford FL

4. FEI Number

59-3282600

Applied For

Not Applicable

Zip

32725-8070

Country

USA

Zip

32772-0939

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLAIR, BOBBY
445 W COLONIAL DR
ORLANDO FL 32804

Name

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

537 Deltona Blvd
SL 201

City

Deltona

FL

Zip Code

32725-8070

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

Bobby Blair
Signature of registered agent and title if applicable

Bobby Blair

(NOTE: Registered Agent signature required when reinstating)

4/27/00
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BLAIR, BOBBY	
STREET ADDRESS	445 W COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	537 Deltona Blvd, SL 201
CITY-ST-ZIP	Deltona FL 32725-8070
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bobby Blair
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00
Date

407-800-7900
Daytime Phone #

CR2E034 (9/99)