2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2002 8:00 am § Secretary of State DOCUMENT # P95000010291 1. Entity Name 05-19-2002 90154 011 ***150.00 BLAKEMORE, INC. Principal Place of Business Mailing Address 5520 GUNN HWY 5520 GUNN HWY #1502 #1502 TAMPA FL 33624 TAMPA FL 33624 HS US 2. Principal Place of Business 3. Mailing Address 6001 Lanshare Lanshire 6001 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Tampa Tampa, 59-3287594 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3363° tillsborough Hills borong L Fee Required 6: Name and Address of Current Registered Agent 7.: Name and Address of New Registered Agent Blakemore BLAKEMORE, STEVEN J Street Address (P.O. Box Number is Not Acceptable) 13931 PATHFINDR DR **TAMPA FL 33625** 6001 Lanshire 8. The above named Atity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSD ☐ Delete TITLE Change Addition Steven J. Blakemore NAME BLAKEMORE, STEVEN J NAME STREET ADDRESS 13931 PATHFINDER DR 6001 Lanshire Dr. STREET ADDRESS CITY-ST-ZIP TAMPA FL 33625 CITY-ST-ZIP Ec. 33634 TITLE TD ☐ Delete TITLE ☐ Addition NAME Mildred Blakemore BLAKEMORE, MILDRED NAME STREET ADDRESS 6001 Lonshire Dr. 5520 GUNN HWY #1502 STREET ADDRESS CITY_ST-ZIP-TAMPA FL=33625 CITY_ST_ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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 receiper 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 attachmen an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR