

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90017 020 ***158.75

DOCUMENT # P95000045386

1. Entity Name

J. W. BLACKLEDGE CONSULTING SERVICES, INC.

Principal Place of Business

**4651 BABCOCK STREET N.E.
 PALM BAY FL 32905
 US**

Mailing Address

**P.O. BOX 120069
 WEST MELBOURNE FL 32912-0069
 US**



2. Principal Place of Business

3. Mailing Address

**1600 Sheridan CT
 Suite, Apt. #, etc.**

Suite, Apt. #, etc.

City & State

PALM BAY FL

City & State

4. FEI Number

65-0600348

Applied For

Not Applicable

Zip

32907

Country

BREVARD

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLACKLEDGE, JOHN W
 4651 BABCOCK STREET
 PALM BAY FL**

Name

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

City

FL

Zip Code

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

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

President

(NOTE: Registered Agent signature required when reinstating)

1/4/02
 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, 2002 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** ☐ Delete
 NAME **BLACKLEDGE, JOHN W**
 STREET ADDRESS **4651 BABCOCK STREET**
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE ☒ Change ☐ Addition
 NAME **1600 Sheridan Ct**
 STREET ADDRESS **PALM BAY, FL 32907**
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **BLACKLEDGE, FRANCES**
 STREET ADDRESS **4651 BABCOCK STREET**
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE ☒ Change ☐ Addition
 NAME **1600 Sheridan Ct**
 STREET ADDRESS **PALM BAY, FL 32907**
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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)(f), 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:

John W. Blackledge
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02
 Date

321 953 6828
 Daytime Phone #

CR2E034 (9/01)