2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2000 8:00 am Secretary of State DOCUMENT # **P96000063205** BLAIR HOMES, INC. 05-02-2000 90088 035 ***150.00 Principal Place of Business Mailing Address 2150 HIGHWAY 92 EAST 5600 US 98 NORTH LAKELAND FL 33801 SUITE 7 LAKELAND FL 33809-3100 2. Principal Place of Business 3. Mailing Address 5600 US 98 North Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 7 Applied For City & State 4. FEI Number City & State 59-3391697 Not Applicable Lakeland, Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required <u>33809</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YOUNG, ROBERT B Street Address (P.O. Box Number is Not Acceptable) 5600 US 98 NORTH SUITE 7 LAKLAND FL 33809 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD ☐ Change ☐ Addition ☐ Delete TITLE YOUNG, ROBERT B NAME NAME STREET ADDRESS **526 BUTLER ST** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL Change ☐ Delete TITLE ☐ Addition TITLE HARWELL, MICHELLE L. NAME NAME STREET ADDRESS 17443 SPRING VALLEY RD STREET ADDRESS CITY-ST-7IP DADE CITY FL CITY-ST-ZIP - Change ☐ Addition TITLE XX Delete ---TITLE BABB, FRED NAME NAME 4722 HIGHLANDS PLACE CR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKELAND FL 33801 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME

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 eath; 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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP Change

☐ Addition

CITY-ST-ZIP

TITLE

NAME

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT B. Young, President 4/24/00 859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description of the Phone of the Printed P