

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
 01-19-2000 90017 033 ***150.00

DOCUMENT # P96000085215

1. Entity Name
BLAIR CONSULTING, INC.

Principal Place of Business Mailing Address
 116 SUNSET COVE 116 SUNSET COVE
 NICEVILLE FL 32578 NICEVILLE FL 32578-4316
 US US

2. Principal Place of Business 3. Mailing Address
 116 Sunset Cove 116 Sunset Cove
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Niceville, FL Niceville, FL
 Zip Zip
 32578 32578
 Country Country
 USA USA

4. FEI Number **59-3406907** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

BLAIR, ROBERT H
116 SUNSET COVE
NICEVILLE FL 32578

7. Name and Address of New Registered Agent

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	BLAIR, ROBERT H	116 SUNSET COVE	NICEVILLE FL 32578	<input type="checkbox"/>
ST	BLAIR, ANNE PURSELL	116 SUNSET COVE	NICEVILLE FL 32578	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 all officers, with all other like empowered.

SIGNATURE: **Robert H. Blair, President**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/06/00 (850) 892-0007
 Date Daytime Phone #

CR2E034 (9/99)