

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90021 017 \*\*\*150.00

000000



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P96000085215**

1. Entity Name  
**BLAIR CONSULTING, INC.**

Principal Place of Business <b>116 SUNSET COVE NICEVILLE FL 32578 US</b>	Mailing Address <b>116 SUNSET COVE NICEVILLE FL 32578 US</b>
---	---

2. Principal Place of Business <b>47 MARINA COVE DRIVE</b> Suite, Apt. #, etc. <b>UNIT III</b> City & State <b>NICEVILLE, FL</b> Zip <b>32578 - 4162</b>	3. Mailing Address <b>47 MARINA COVE DRIVE</b> Suite, Apt. #, etc. <b>UNIT III</b> City & State <b>NICEVILLE, FL</b> Zip <b>32578 - 4162</b>
---	---

4. FEI Number <b>59-3406907</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
--

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)  
**47 MARINA COVE DRIVE**  
**UNIT III**  
City  
**NICEVILLE** **FL** Zip Code  
**32578 - 4162**

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 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BLAIR, ROBERT H</b> <b>116 SUNSET COVE</b> <b>NICEVILLE FL 32578</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>47 MARINA COVE DRIVE, UNIT III</b> <b>NICEVILLE, FL 32578 - 4162</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>BLAIR, ANNE PURSELL</b> <b>116 SUNSET COVE</b> <b>NICEVILLE FL 32578</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>47 MARINA COVE DRIVE, UNIT III</b> <b>NICEVILLE, FL 32578 - 4162</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 to this report, with all other like entries.

**SIGNATURE: ROBERT H. BLAIR, PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/5/01** **(850) 897-0007**  
Date Daytime Phone #

CR2E034 (10/00)