

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90456 046 \*\*\*150.00

**DOCUMENT # P97000024213**

1. Entity Name

**BLAKE MANAGEMENT, INC.**

Principal Place of Business

5549 COASTAL DRIVE  
 BOCA RATON FL 33487

Mailing Address

5549 COASTAL DRIVE  
 BOCA RATON FL 33487

2. Principal Place of Business

**6746 FINAMORE CIRCLE**

3. Mailing Address

**6746 FINAMORE CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**LAKE WORTH, FL**

City & State

**LAKE WORTH, FL**

4. FEI Number

**65-0741970**

Applied For

Not Applicable

Zip

**33467**

Country

**PALM BEACH**

Zip

**33467**

Country

**PALM BEACH**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BOARDMAN, ELLIOT**  
 5549 COASTAL DRIVE  
 BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name  
**BOARDMAN, ELLIOT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6746 FINAMORE CIRCLE**  
**L**  
 City  
**LAKE WORTH** FL Zip Code  
**33467**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BOARDMAN, ELLIOT B.</b> <b>5549 COASTAL DR.</b> <b>BOCA RATON FL 33487</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MULLIN, PATRICIA B.</b> <b>5549 COASTAL DR.</b> <b>BOCA RATON FL 33487</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BOARDMAN, ELLIOT</b> <b>6746 FINAMORE CIRCLE</b> <b>LAKE WORTH, FL 33467</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MULLIN, PATRICIA B</b> <b>6746 FINAMORE CIRCLE</b> <b>LAKE WORTH, FL 33467</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 with an address, with all other like empowered.

SIGNATURE: P B Mullin P B MULLIN 4.26.01 561/432-8006  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)