

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90239 044 ***150.00

DOCUMENT # P97000073279

1. Entity Name

BLANKENSHIP LAW FIRM, P.A.

Principal Place of Business

Mailing Address

~~1474 SOUTH THIRD ST.~~
JACKSONVILLE BEACH FL 32250

~~1474 SOUTH THIRD ST.~~
JACKSONVILLE BEACH FL 32250-2407

00025007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1300 MARSH LANDING PKWY

1300 MARSH LANDING PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 108

SUITE 108

City & State

City & State

JACKSONVILLE BEACH, FL

JACKSONVILLE BEACH, FL

Zip

Country

Zip

Country

32250-2407

32250-2407

4. FEI Number **59-3471530**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANKENSHIP, KIMBERLY A
1474 SOUTH THIRD ST.
JACKSONVILLE BEACH FL 32250

Name

KIMBERLY A. BLANKENSHIP

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

1300 MARSH LANDING PKWY, SUITE 108

City

JACKSONVILLE BEACH

FL

Zip Code

32250-2407

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

[Signature]

KIMBERLY A. BLANKENSHIP

2-24-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BLANKENSHIP, KIMBERLY A**
CITY-ST-ZIP **1474 SOUTH THIRD ST. JACKSONVILLE BEACH FL 32250**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1300 MARSH LANDING PKWY, SUITE 108**
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250-2407**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **COGGIN, CINDY**
CITY-ST-ZIP **1301 S. FIRST ST., #504 JACKSONVILLE BEACH FL 32250**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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)(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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-2000
Date

904-543-8665
Daytime Phone #

CR2E034 (9/99)