

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90474 010 ***150.00

DOCUMENT # P97000073279

1. Entity Name

BLANKENSHIP LAW FIRM, P.A.



Principal Place of Business

1300 MARSH LANDING PKWY

SUITE 108

JACKSONVILLE BEACH FL 32250-2407

Mailing Address

1300 MARSH LANDING PKWY

SUITE 108

JACKSONVILLE BEACH FL 32250-2407

2. Principal Place of Business

2716 St. Johns Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JAX FL

City & State

Zip 32205 Country

Zip Country

4. FEI Number 59-3471530

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BLANKENSHIP, KIMBERLY A

1300 MARSH LANDING PKWY STE 108

JACKSONVILLE BEACH FL 32250-2407

7. Name and Address of New Registered Agent

Name

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

2716 St. Johns Ave

City JAX FL Zip Code 32205

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

2/27/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

* Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BLANKENSHIP, KIMBERLY A 1300 MARSH LANDING PKWY STE 108 JACKSONVILLE BEACH FL 32250-2407 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COGGIN, CINDY 1301 S. FIRST ST., #504 JACKSONVILLE BEACH FL 32250 | <input type="checkbox"/> Delete |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/03 904-543-8665

Date Daytime Phone #

CR2E034 (10/02)