

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**  
 02-19-2001 90040 036 \*\*\*150.00

0544224

**DOCUMENT # P97000105923**

1. Entity Name  
**BLEWS & RITCHIE, INC.**

Principal Place of Business  
**726 11TH AVENUE. W.  
 PALMETTO FL 34221**

Mailing Address  
**726 11TH AVENUE. W.  
 PALMETTO FL 34221**

2. Principal Place of Business  
**700 8TH AVENUE WEST  
 SUITE A**

3. Mailing Address  
**700 8TH AVENUE WEST  
 SUITE A**

City & State  
**PALMETTO FL**  
 Zip  
**34221**

City & State  
**PALMETTO FL**  
 Zip  
**34221**

4. FEI Number **65-0806435** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BLEWS, PETER W  
 726 11TH AVENUE, W.  
 PALMETTO FL 34221**

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 adopts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Peter W. Blews* **PETER W. BLEWS - TREASURER** 1/16/01  
 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

TITLE **PSD** ☐ Delete  
 NAME **RITCHIE, CYNTHIA D**  
 STREET ADDRESS **726 11TH AVENUE, W.**  
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **VPTD** ☐ Delete  
 NAME **BLEWS, PETER W**  
 STREET ADDRESS **726 11TH AVENUE, W.**  
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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: *Peter W. Blews* **PETER W. BLEWS, TREASURER** 1/16/01 941-722-9120  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)