

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90092 048 ***158.75

DOCUMENT # P98000024809

1. Entity Name
BLANCHARD HOMES, INC.



Principal Place of Business
**1225 LAGOON RD
TARPON SPRINGS FL 34689**

Mailing Address
**1225 LAGOON RD
TARPON SPRINGS FL 34689**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

705-C Live Oak st.
Suite, Apt. #, etc.

705-C Live Oak st.
Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

Tarpon Springs, FL

Zip

34689

Country

USA

Zip

34689

Country

USA

4. FEI Number

59-3499706

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLANCHARD, DAVID A
1225 LAGOON RD
TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name **Blanchard, David A.**
Street Address (P.O. Box Number is Not Acceptable)
705-C Live Oak st.
#
City **Tarpon Springs, FL** Zip Code **34689**

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

D. Blanchard (David Blanchard) President

1-8-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE PRES. Sec. Director	<input type="checkbox"/> Delete
NAME BLANCHARD, DAVID A	
STREET ADDRESS 1225 LAGOON RD	
CITY-ST-ZIP TARPON SPRINGS FL 34689	
TITLE VSD	<input checked="" type="checkbox"/> Delete
NAME PAYNE, WILLIAM H	
STREET ADDRESS 1225 LAGOON RD	
CITY-ST-ZIP TARPON SPRINGS FL 34689	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE Vice Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Eric Sichterman	
STREET ADDRESS 705-C Live Oak st.	
CITY-ST-ZIP Tarpon Springs, FL 34689	
TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Andy Mathews	
STREET ADDRESS 705-C Live Oak st.	
CITY-ST-ZIP Tarpon Springs, FL 34689	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **D. Blanchard (David Blanchard) Pres.** **1-08-03** **727-6473936**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)