

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90041 019 ***150.00

DOCUMENT # P98000059704

1. Entity Name

HOWARD L. BLANKENSHIP, SR., INC.

Principal Place of Business

Mailing Address

11150 4 STREET N #4005
 ST PETERSBURG FL 33716

11150 4 STREET N #4005
 ST PETERSBURG FL 33716-2905

2. Principal Place of Business

3. Mailing Address

8507 12TH WAY NORTH

8507 12TH WAY NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

4. FEI Number

59-3519158

Applied For

Not Applicable

Zip

Country

33702

Zip

Country

33702

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANKENSHIP, HOWARD L SR

~~11150 4 STREET N #4005~~
~~ST PETERSBURG FL 33716~~

8507 12th way n

33702

St. Petersburg, FL

Name

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

8507 12TH WAY NORTH

City **ST. PETERSBURG**

FL

Zip Code **33702**

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

Howard L Blankenship

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

(NOTE: Registered Agent signature required when reinstating)

02/14/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 **D** Delete
 NAME **BLANKENSHIP, HOWARD L SR**
 STREET ADDRESS **11150 4 STREET N #4005**
 CITY-ST-ZIP **ST PETERSBURG FL 33716**

TITLE Change Addition
 NAME
 STREET ADDRESS **8507 12TH WAY NORTH**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33702**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 CITY-ST-ZIP

TITLE Delete
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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:

Howard L Blankenship
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/00
 Date

727-579-5696
 Daytime Phone #

CR2E034 (9/99)