

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082059

1. Entity Name

BLAIR & COMPANY, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90066 025 ***150.00

Principal Place of Business 841 24TH AVENUE NORTH ST. PETERSBURG FL 33704	Mailing Address 841 24TH AVENUE NORTH ST. PETERSBURG FL 33704
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2. Principal Place of Business 1164 Snell Isle Blvd	3. Mailing Address 1164 Snell Isle Blvd. N.E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33704	Zip 33704
Country Pinellas	Country Pinellas



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SKOKOS, PETER Z 1819 MAIN STREET SUITE 610 SARASOTA FL 34236	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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	DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIR, MARK 841 24TH AVENUE NORTH ST. PETERSBURG FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Blair, MARK 1164 Snell Isle Blvd. N.E. St. Petersburg, FL 33704 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: MARK Blair	Date: Feb. 9, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034 (10/00)