

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000019402**

1. Entity Name

THE BLOUNT INVESTMENT GROUP, INC.**FILED**
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90176 015 ***150.00

Principal Place of Business

Mailing Address

**5414 HARDEN AVE
ORANGE PARK FL 32065****5414 HARDEN AVE
ORANGE PARK FL 32065-7205**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3563173

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLOUNT, ROBERT E
5414 HARDEN AVE
ORANGE PARK FL 32065**

Name

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

City

FL

Zip Code

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BLOUNT, ROBERT E	
STREET ADDRESS	5414 HARDEN AVE	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLOUNT, MARIA A	
STREET ADDRESS	5414 HARDEN AVE	
CITY-ST-ZIP	ORANGE PARK FL 32065	
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		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONSERATE Blount	
STREET ADDRESS	5414 HARDEN AVE	
CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE	CLARA BLOUNT - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5414 HARDEN AVE	
STREET ADDRESS	ORANGE PARK, FL 32065	
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORENZO ENTZMINGER	
STREET ADDRESS	1253 RIBAULT DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALANDRIA LOVELACE	
STREET ADDRESS	437 BROADWAY STREET	
CITY-ST-ZIP	PEKIN, IL 61554	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Robert E. Blount** **4-27-00** **904 264-8371**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)