

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Aug 08, 2002 8:00 am
Secretary of State

05-28-2002 91536 009 ***150.00

DOCUMENT # P99000052243

1. Entity Name

JAMES BLANKENSHIP SOCCER CAMPS, INC.



Principal Place of Business

Mailing Address

1225 PLACETAS AVENUE
 CORAL GABLES FL 33146
 US

1225 PLACETAS AVE
 CORAL GABLES FL 33146

41067



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0923367

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BLANKENSHIP, JAMES M
1225 PLACETAS AVE
CORAL GABLES FL 33146

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, 2002 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 NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D BLANKENSHIP, JAMES M	5021 S W 77TH STREET	MIAMI FL 33143	<input checked="" type="checkbox"/>
JAMES, Blankenship			<input type="checkbox"/>
<i>owner/president</i> <i>Blankenship, James</i> <i>1225 Placetas Ave.</i> <i>Coral Gables, FL, 33146</i>			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/01)

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2002

305-669-8111

Date Daytime Phone #