

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90135 021 \*\*\*158.75

**DOCUMENT # S23411**

1. Entity Name

**BLANTON, INC.**

Principal Place of Business

Mailing Address

**11522 DEAD RIVER RD  
TAVARES FL 32778  
US**

**P.O. BOX 472  
TAVARES FL 32778  
US**

00060511



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3720 Dead River Rd**

Suite, Apt. #, etc.

3. Mailing Address

**3720 Dead River Rd.**

Suite, Apt. #, etc.

City & State

**Tavares, FL**

City & State

**Tavares, FL**

4. FEI Number

**59-3043979**

Applied For

Not Applicable

Zip

**32778**

Country

**U.S.A**

Zip

**32778**

Country

**U.S.A**

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

**BLANTON, BRADLEY ERIC  
11522 DEAD RIVER RD  
TAVARES FL 32778**

Name

**Blanton, Bradley Eric**

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

**3720 Dead River Rd.**

City

**Tavares**

**FL**

Zip Code

**32778**

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, 2001 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BLANTON, BRADLEY ERIC</b>	
STREET ADDRESS	<b>11522 DEAD RIVER RD</b>	
CITY-ST-ZIP	<b>TAVARES FL 32778</b>	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Blanton, Bradley Eric</b>
STREET ADDRESS	<b>3720 Dead River Rd.</b>
CITY-ST-ZIP	<b>Tavares, FL 32778</b>
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	
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:

**Bradley Eric Blanton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-20-01**

Date

**352 742-0811**

Daytime Phone #

CR2E034 (10/00)