

**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 <b>11522 DEAD RIVER RD          TAVARES FL 32778          US</b>	Mailing Address <b>P.O. BOX 472          TAVARES FL 32778          US</b>
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00060511



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3720 Dead River Rd</b> Suite, Apt. #, etc.	3. Mailing Address <b>3720 Dead River Rd.</b> Suite, Apt. #, etc.
City & State <b>Tavares, FL</b>	City & State <b>Tavares, FL</b>

4. FEI Number <b>59-3043979</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32778</b>	Country <b>U.S.A</b>	Zip <b>32778</b>	Country <b>U.S.A</b>
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**BLANTON, BRADLEY ERIC  
 11522 DEAD RIVER RD  
 TAVARES FL 32778**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P BLANTON, BRADLEY ERIC 11522 DEAD RIVER RD TAVARES FL 32778</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Blanton, Bradley Eric 3720 Dead River Rd. Tavares, FL 32778</b>
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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

4-20-01 352 742-0811  
Date Daytime Phone #

CR2E034 (10/00)