

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S58665

1. Entity Name

KEN BLACKBURN, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90093 017 ***150.00

Principal Place of Business

915 N. DIXIE HWY.
WEST PALM BEACH FL 33401
US

Mailing Address

915 N. DIXIE HWY.
WEST PALM BEACH FL 33401-3329
US

2. Principal Place of Business

1913-50- DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Address

1913-5- DIXIE HWY

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH FL

4. FEI Number

65-0276480

Applied For

Not Applicable

Zip

Country

33401

USA

Zip

Country

33401

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

BLACKBURN, KENNETH
14575 DRAFTHORSE LN.
WEST PALM BEACH FL 33414

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

Alvin V. Gleason ALVIN V. GLEASON

2-19-00

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 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	PS	<input type="checkbox"/> Delete
NAME	BLACKBURN, KENNETH	
STREET ADDRESS	14575 DRAFTHORSE LN	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	GLEASON, ALVIN V	
STREET ADDRESS	14575 DRAFT HORSE LN	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	ASST	<input type="checkbox"/> Delete
NAME	FORD, AARON L	
STREET ADDRESS	1531 DREXEL RD #204	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FORD, AARON L	
STREET ADDRESS	1531 DREXEL RD #204	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	ASST.	<input type="checkbox"/> Delete
NAME	WENDT, EDWARD P	
STREET ADDRESS	12293 OLD COUNTRY RD	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WENDT, EDWARD P	
STREET ADDRESS	12293 OLD COUNTRY RD	
CITY-ST-ZIP	WELLINGTON FL	

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	
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:

Alvin V. Gleason

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-19-00 561
838-5752

CR2E034 (9/99)