

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90032 038 \*\*\*150.00

0525560

**DOCUMENT # S89333**

1. Entity Name

**BLANCHARD, COLLATERAL & RECOVERY, INC.**

Principal Place of Business

13603 W HILLSBOROUGH AVE  
 TAMPA FL 33615  
 US

Mailing Address

PO BOX 10357  
 CLEARWATER FL 33757  
 US

2. Principal Place of Business

13607 W. Hillsborough Ave  
 Suite, Apt. #, etc. Recovery Inc.

3. Mailing Address

13607 W. Hillsborough Ave  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA, Florida

City & State

TAMPA, Florida

4. FEI Number

59-3090341

Applied For

Not Applicable

Zip

33635

Country

Hillsborough

Zip

33635

Country

Hillsborough

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BLANCHARD, ELMER R.  
 209 N BAY HILLS BLVD  
 SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

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, 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 VD ☐ Delete  
 NAME BLANCHARD, ELMER R.  
 STREET ADDRESS 1479 S. GREENWOOD AVENUE  
 CITY-ST-ZIP CLEARWATER FL

TITLE P ☐ Delete  
 NAME BLANCHARD, JASON A.  
 STREET ADDRESS 1479 S. GREENWOOD AVENUE  
 CITY-ST-ZIP CLEARWATER FL

TITLE ST ☐ Delete  
 NAME BLANCHARD, MICHELE  
 STREET ADDRESS 3862 DARSTON ST.  
 CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☒ Change ☐ Addition  
 NAME BLANCHARD, ELMER R.  
 STREET ADDRESS 209 N BAY Hills Blvd.  
 CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE P ☒ Change ☐ Addition  
 NAME BLANCHARD, JASON A.  
 STREET ADDRESS 1011 STATE STREET EAST  
 CITY-ST-ZIP OLDSMAR, FL 34677

TITLE ST ☒ Change ☐ Addition  
 NAME HOWE, Michele BLANCHARD  
 STREET ADDRESS 1546 Douglas Ave  
 CITY-ST-ZIP Dunedin, FL 34698

TITLE VP ☐ Change ☒ Addition  
 NAME BLANCHARD, JAKE C.  
 STREET ADDRESS 3293 CARRIAGE DRIVE  
 CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Michele Blanchard Howe / Michele BLANCHARD Howe 4/18/01 ST.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)