

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90087 018 ***150.00

DOCUMENT # S89333

1. Entity Name
BLANCHARD COLLATERAL & RECOVERY, INC.



Principal Place of Business
**13607 W HILLSBOROUGH AVE
TAMPA FL 33635
US**

Mailing Address
**13607 W HILLSBOROUGH AVE
TAMPA FL 33635
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3090341**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	BLANCHARD, ELMER R.	
STREET ADDRESS	209 N BAY HILLS BLVD	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	P	<input type="checkbox"/> Delete
NAME	BLANCHARD, JASON A.	
STREET ADDRESS	1011 STATE STREET EAST	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BLANCHARD HOWE, MICHELE	
STREET ADDRESS	1546 DOUGLAS AVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLANCHARD, JAKE C	
STREET ADDRESS	3293 CARRIAGE DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michele Blanchard Howe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03 (813) 925-0228
Date Daytime Phone #

CR2E034 (10/02)