

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90035 008 \*\*\*150.00

**DOCUMENT # V09656**

1. Entity Name  
**BLAKE INVESTMENT CORP.**

Principal Place of Business      Mailing Address  
**731 N. JACKSON STREET, STE.400**      **731 N. JACKSON STREET**  
**MILWAUKEE WI 53202**      **STE. 400**  
**MILWAUKEE WI 53202**



DO NOT WRITE IN THIS SPACE

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      Applied For  
**65-0315125**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BLAKE, WILLIAM J.**  
**452 HIGH STREET**  
**BOCA RATON FL 33432**

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, 2002 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          | <b>O</b> <input type="checkbox"/> Delete  |
| NAME           | <b>BLAKE, WILLIAM J.</b>                  |
| STREET ADDRESS | <b>7860 N. RIVER ROAD</b>                 |
| CITY-ST-ZIP    | <b>RIVER HILLS WI 53217</b>               |
| TITLE          | <b>DS</b> <input type="checkbox"/> Delete |
| NAME           | <b>BLAKE, PATRICIA R.</b>                 |
| STREET ADDRESS | <b>7860 N. RIVERS ROAD</b>                |
| CITY-ST-ZIP    | <b>RIVER HILLS WI 53217</b>               |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete  |
| NAME           | <b>BLAKE, W. SCOTT</b>                    |
| STREET ADDRESS | <b>7860 NORTH CLUB CIRCLE</b>             |
| CITY-ST-ZIP    | <b>FOX POINT WI 53217</b>                 |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete  |
| NAME           | <b>GRANT, PAMELA B.</b>                   |
| STREET ADDRESS | <b>6209 N BERKLEY BLVD</b>                |
| CITY-ST-ZIP    | <b>MILWAUKEE WI 53211</b>                 |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete  |
| NAME           | <b>BLAKE, TIMOTHY</b>                     |
| STREET ADDRESS | <b>452 HIGH STREET</b>                    |
| CITY-ST-ZIP    | <b>BOCA RATON FL 33432</b>                |
| TITLE          | <input type="checkbox"/> Delete           |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

12. 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    |   |
| 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: **SIGNATURE OF WILLIAM J. BLAKE**      1-10-02      414-272-2200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

LV 1014100

CR2E034 (9/01)