


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90152 019 ***150.00

DOCUMENT # V09656

1. Entity Name
BLAKE INVESTMENT CORP.



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

Mailing Address
**731 N. JACKSON STREET
STE. 400
MILWAUKEE WI 53202**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **65-0315125**

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

33004131



CHECK HERE IF MAKING CHANGES

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

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

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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	

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 the empowered.

SIGNATURE: WM. J. Blake Date: 2-05-03 Daytime Phone #: 414-272-200

RECEIVED

CR2E034 (10/02)