

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V24197

1. Entity Name  
BLOUNT & COMPANY GENERAL CONTRACTOR, INC.

FILED  
Mar 12, 2001 8:00 am  
Secretary of State

03-12-2001 90468 022 \*\*\*150.00

0019300

Principal Place of Business  
4401 EMERSON STREET  
SUITE 7  
JACKSONVILLE FL 32207  
US

Mailing Address  
4401 EMERSON STREET  
SUITE 7  
JACKSONVILLE FL 32207  
US

2. Principal Place of Business  
1356 HOLMESDALE Rd  
Suite, Apt. #, etc.

3. Mailing Address  
SAME  
Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL

City & State  
Florida

4. FEI Number 59-3113389

Applied For  
Not Applicable

Zip 32207 Country US

Zip Country

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

BLOUNT, JOHN O III  
4401 EMERSON STREET  
SUITE 7  
JACKSONVILLE FL 32207

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1356 HOLMESDALE Rd.  
City JACKSONVILLE FL Zip Code 32207

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]* PRESIDENT 3-1-01  
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME BLOUNT, JOHN O III  
STREET ADDRESS 4401 EMERSON ST STE 7  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS 1356 HOLMESDALE Rd.  
CITY-ST-ZIP JACKSONVILLE, FL 32207 ☒ Change ☐ Addition

TITLE V  
NAME REICHERTER, JAMES A  
STREET ADDRESS 4401 EMERSON ST STE 7  
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

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

TITLE ST  
NAME BLOUNT, GAYL A  
STREET ADDRESS 4401 EMERSON ST STE 7  
CITY-ST-ZIP JACKSONVILLE FL 32207 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-01 904-346-0434  
Date Daytime Phone #

CR2E034 (10/00)