

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90182 043 ***150.00

USA/07/4

DOCUMENT # M78615

1. Entity Name

R. BLAIN SANFORD, CPA, PA

Principal Place of Business

Mailing Address

14502 N DALE MABRY, SUITE 302
 %R. BLAIN SANFORD
 TAMPA FL 33618-2072
 US

14502 N DALE MABRY, SUITE 302
 %R. BLAIN SANFORD
 TAMPA FL 33618-2072
 US

2. Principal Place of Business

7211 N. DALE MABRY

3. Mailing Address

7211 N. DALE MABRY

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

#200

City & State

City & State

4. FEI Number

59-2886500

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SANFORD, R. BLAIN
14502 N DALE MARBY, SUITE 302
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name **SANFORD, R. BLAIN**

Street Address (P.O. Box Number is Not Acceptable)

7211 N. DALE MABRY

SUITE 200

City **TAMPA**

FL

Zip Code **33614-2669**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPS	SANFORD, R. BLAIN	6613 THOROUGHbred LOOP	ODESSA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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:

Blain Sanford CPA
 Blain Sanford
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1.4.2001

Daytime Phone #

813.931.2431

CR2E034 (10/00)