2002 UNIFORM BUSINESS REPORT (UBR)

Mar 03, 2002 8:00 am **Secretary of State** DOCUMENT # 325932 1. Entity Name 03-03-2002 90073 012 ***150.00 BLACKWATER RANCH, INC. Principal Place of Business Mailing Address 38900 LAKE NORRIS RD. 38900 LAKE NORRIS RD. EUSTIS FL 32736 EUSTIS FL 32736 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1199520 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **ELLIS. JERRY E** Street Address (P.O. Box Number is Not Acceptable) 38900 ľake norris rd. **EUSTIS FL 32736** City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE ☐ Addition PD NAME **ELLIS, JERRY E** NAME STREET ADDRESS 38900 LAKE NORRIS RD. STREET ADDRESS EUSTIS FL 32736 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition NAME **ELLIS, LUCY I** NAME 38900 LAKE NORRIS RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EUSTIS FL 32736 TITLE ☐ Delete TITI F [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7/P

2-18-2002 Date

FILED