

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90146 036 ***150.00

DOCUMENT # L37577

1. Entity Name
BLACKMAN ARCHITECTURAL ILLUSTRATORS, INC.

Principal Place of Business 180 N.E. 32ND COURT FT. LAUDERDALE FL 33334	Mailing Address 180 N.E. 32ND COURT FT. LAUDERDALE FL 33334
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0136981	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BLACKMAN, JOSEPH 180 N.E. 32ND COURT FT. LAUDERDALE FL 33334				Name Edwin L. Blackman			
				Street Address (P.O. Box Number is Not Acceptable) 180 N.E. 32 Ct.			
				City Ft. Lauderdale		FL	

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 Joseph Blackman DATE 4/1/02

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$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	P BLACKMAN, JOSEPH 180 N.E. 32ND COURT FT. LAUDERDALE FL 33334	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: Joseph Blackman DATE 4-12-02 (954) 568-1292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)

Attachment # L37577

NOTE: On all checks, include your State or Federal ID#, the Quarter being paid and the Form # that you are paying.

INSTRUCTIONS TO CLIENT

(Retain For Your Files)

IMPORTANT

Forms must be mailed when due even if payment is not made.

<input checked="" type="checkbox"/> Please sign attached form
<input checked="" type="checkbox"/> Present Mail with your check for \$ <u>150.-</u>
<input type="checkbox"/> Refund for \$ _____
<input type="checkbox"/> No Check Required
<input type="checkbox"/> Code Check to Account # _____ \$ _____ ; # _____ \$ _____
<input type="checkbox"/> Present Enclose Depository Receipt Card
<input checked="" type="checkbox"/> Use Enclosed Envelope
<input type="checkbox"/> _____
Due Date <u>5/1/02</u>
FORM ENCLOSED and/or IN PAYMENT OF:
Month: 1 2 3 4 5 6 7 8 9 10 11 12
Quarter: 1 2 3
Annual: <input checked="" type="checkbox"/>
<input type="checkbox"/> F.I.C.A. & Withholding Tax (941) <u>Federal</u> <input type="checkbox"/>
<input type="checkbox"/> Intangible Tax State <input type="checkbox"/>
<input type="checkbox"/> County Tangible Tax
<input type="checkbox"/> Income Tax <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Estimated Tax Payment <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Unemployment Compensation Tax <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Sales Tax <input type="checkbox"/>
<input checked="" type="checkbox"/> Other <u>ANNUAL REPORT</u>
Make Check Payable To:
<input type="checkbox"/> United States Treasury
<input type="checkbox"/> _____ County Revenue Collector
<input type="checkbox"/> Department of Revenue
<input type="checkbox"/> Your Bank
<input checked="" type="checkbox"/> Other: <u>DEPT OF STATE</u>