

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90688 043 ***550.00

DOCUMENT # 856741

1. Entity Name

Blackmon Mooring Stearnatic Catastrophe Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

303 Arthur St.

Suite, Apt. #, etc.

3. Mailing Address

303 Arthur St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Worth TX

Zip

76107

Country

City & State

Fort Worth TX

Zip

76107

Country

4. FEI Number

75-1738902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 S Pine Island Road

City

Plantation

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00.

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
President
Lloyd Swiggum
303 Arthur St.
Fort Worth TX 76107

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Sec/Treas.
W.G. Blackmon III
303 Arthur St.
Fort Worth TX 76107

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Director
Lirk A. Blackmon
303 Arthur St.
Fort Worth TX 76107

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Director
W.G. Blackmon
303 Arthur St.
Fort Worth TX 76107

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Director
Sw. Mooring
303 Arthur St.
Fort Worth TX 76107

TITLE
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CITY- ST- ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-02 (817) 332-2770

Date

Daytime Phone #

CR2E034B (12/01)