

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
 02-21-2002 90012 030 ***150.00

DOCUMENT # F93000001334

1. Entity Name
BLACK SHEEP CORPORATION, A DELAWARE CORPORATION

Principal Place of Business **Mailing Address**
501 JOHN JAMES AUDUBON PARKWAY **501 JOHN JAMES AUDUBON PARKWAY**
AMHERST NY 14228 **AMHERST NY 14228**

2. Principal Place of Business **3. Mailing Address**
2150 Elmwood Ave **2150 Elmwood Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State** **4. FEI Number** **Applied For**
Buffalo, NY **Buffalo, NY** **16-1430387** **Not Applicable**
Zip **Country** **Zip** **Country**
14207 **USA** **14207** **USA**
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**
CORPORATION INFORMATION SERVICES, INC. **Name**
1201 HAYS STREET **Street Address (P.O. Box Number is Not Acceptable)**
TALLAHASSEE FL 32301 **City** **FL** **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. (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. ☒ **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** ☐ **\$5.00 May Be Added to Fees**
(See criteria on back) **Trust Fund Contribution.**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTCD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALFIERO, SAL H	NAME			
STREET ADDRESS	501 JOHN JAMES AUDUBON PARKWAY	STREET ADDRESS	2150 Elmwood Ave		
CITY-ST-ZIP	AMHERST NY 14228	CITY-ST-ZIP	Buffalo, NY 14207		
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOK, FREDERIC L	NAME			
STREET ADDRESS	501 JOHN JAMES AUDUBON PARKWAY	STREET ADDRESS	2150 Elmwood Ave		
CITY-ST-ZIP	AMHERST NY 14228	CITY-ST-ZIP	Buffalo, NY 14207		
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALFIERO, JEANNE	NAME			
STREET ADDRESS	501 JOHN JAMES AUDUBON PARKWAY	STREET ADDRESS	2150 Elmwood Ave		
CITY-ST-ZIP	AMHERST NY 14228	CITY-ST-ZIP	Buffalo, NY 14207		
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIPPES, GERALD S	NAME			
STREET ADDRESS	28 CHURCH STREET, 700 GUARANTY BUILDING	STREET ADDRESS			
CITY-ST-ZIP	BUFFALO NY 14202	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

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: **1/25/01** **716/689-4972**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)