## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # H44687** Jan 28, 2000 8:00 am **Secretary of State** BLACKWELL, INC. 01-28-2000 90213 048 \*\*\*150.00 Principal Place of Business Mailing Address C/O C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 S PINE ISLAND RD 1200 S PINE ISLAND RD PLANTATION FL 33324-4413 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 58-1609541 Not Applicable Zip Country Zip Country \$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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME HANLON, B. H. STREET ADDRESS STREET ADDRESS 20 DORNAFIELD DRIVE EAST, IPPLEPEN, NEWTON CITY-ST-ZIP CITY-ST-ZIP ABBOT DEVON TQ125YN EN ☐ Change ☐ Addition Delete TITLE TITLE BLACKWELL, STELLA R NAME STREET ADDRESS STREET AODRESS 245 SUGARBERRY CIR CITY-ST-ZIP CITY-ST-ZIE **HOUSTON TX** Change ☐ Addition TITLE Delete TITLE BLACKWELL, WILLIAM A. SR NAME NAME STREET ADDRESS STREET ADDRESS 245 SUGARBERRY CIR CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX** ☐ Change ☐ Addition TITLE Delete WORTHAM, R.W. III NAME STREET ADDRESS STREET ADDRESS 1700 W LOOP S., STE 1235 CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX** ☐ Addition Change ☐ Delete TITLE NAME NAME STREET: ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP" Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

(7/3)2660864