

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J92298

1. Entity Name

BLACKWATER INDUSTRIES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90003 031 ***150.00

Principal Place of Business

Mailing Address

% BLACKWATER INDUSTRIES
22 MEDART VFD LN
CRAWFORDVILLE FL 32327
US

% BLACKWATER INDUSTRIES
22 MEDART VFD LN
CRAWFORDVILLE FL 32327-4522
US

2. Principal Place of Business

3. Mailing Address

S/A
Suite, Apt. #, etc.

S/A
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Lakulla

Zip

Country

Lakulla



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2863386

Applied For

Not Applicable

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

CARTER, MIKE
COURTHOUSE SQUARE #1
P.O. BOX 566
CRAWFORDVILLE FL 32326

Name

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

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.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	OSBORNE, KIM S.	47 BUCK VERNON ROAD	CRAWFORDVILLE FL	<input type="checkbox"/>						
	OSBORNE, ERNEST C.	47 BUCK VERNON ROAD	CRAWFORDVILLE FL	<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						

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:

Kim Osborne Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00
Date

850-926-1166
Daytime Phone #

CR2E034 (9/99)