## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED **DOCUMENT # K88798** May 18, 2000 8:00 am 1. Entity Name Secretary of State BLOCKADE RUNNER, INC. 05-18-2000 90352 012 \*\*\*150.00 Principal Place of Business Mailing Address 601 SOUTH FIRST ST 601 SOUTH FIRST ST LAKE CITY FL 32055 LAKE CITY FL 32025-5205 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2949093 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name TORRANS, ALFRED W., II O. Box Number is Not Acceptable) W Barnett va 601 S. FIRST ST LAKE CITY FL 32055 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE TORRANS, ALFRED W. II NAME NAME STREET ADDRESS 884 SAN JUAN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL ☐ Delete Change ☐ Addition TITLE TITLE NAME ANDERSON, RONNIE NAME STREET ADDRESS STREET ADDRESS **HWY 349** CITY-ST-ZIP CITY-ST-7IP SUWANNEE FL Change ☐ Addition TITLE Delete TITLE NAME KIRKLAND, PERRY NAME STREET ADDRESS STREET ADDRESS P.O. BOX 111 N/A CITY-ST-7IP CITY-ST-7IP SUWANNEE FL 32692 ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

Daytime Phone #