

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90146 036 \*\*\*150.00

**DOCUMENT # L37577**

1. Entity Name  
**BLACKMAN ARCHITECTURAL ILLUSTRATORS, INC.**

Principal Place of Business  
**180 N.E. 32ND COURT**  
**FT. LAUDERDALE FL 33334**

Mailing Address  
**180 N.E. 32ND COURT**  
**FT. LAUDERDALE FL 33334**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0136981**

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

**BLACKMAN, JOSEPH**  
**180 N.E. 32ND COURT**  
**FT. LAUDERDALE FL 33334**

Name **Edwin L. Blackman**  
 Street Address (P.O. Box Number is Not Acceptable)  
**180 N.E. 32 Ct.**

City **Ft. Lauderdale** **FL** Zip Code **33334**

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 Joseph Blackman  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4/1/02**  
 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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BLACKMAN, JOSEPH</b>	
STREET ADDRESS	<b>180 N.E. 32ND COURT</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33334</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
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.

SIGNATURE: Joseph Blackman  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-12-02 (954) 568-1292**  
 Date Daytime Phone #

CR2E034 (9/01)

Attachment #L37577

**NOTE:** On all checks, include your State or Federal ID#, the Quarter being paid and the Form # that you are paying.

**INSTRUCTIONS TO CLIENT**

(Retain For Your Files)

**IMPORTANT**

Forms must be mailed when due even if payment is not made.

<input checked="" type="checkbox"/> Please sign attached form																											
<input checked="" type="checkbox"/> Present Mail with your check for \$ <u>150.-</u>																											
<input type="checkbox"/> Refund for \$ _____																											
<input type="checkbox"/> No Check Required																											
<input type="checkbox"/> Code Check to Account # _____ \$ _____ ; # _____ \$ _____																											
<input type="checkbox"/> Present Enclose Depository Receipt Card																											
<input checked="" type="checkbox"/> Use Enclosed Envelope																											
<input type="checkbox"/> _____																											
<b>Due Date</b> <u>5/11/02</u>																											
<b>FORM ENCLOSED and/or IN PAYMENT OF:</b>																											
Month: 1 2 3 4 5 6 7 8 9 10 11 12																											
Quarter: <u>1 2 3</u>																											
Annual: <input checked="" type="checkbox"/>																											
<table border="0"><thead><tr><th></th><th><u>Federal</u></th><th><u>State</u></th></tr></thead><tbody><tr><td><input type="checkbox"/> F.I.C.A. &amp; Withholding Tax (941)</td><td><input type="checkbox"/></td><td></td></tr><tr><td><input type="checkbox"/> Intangible Tax</td><td></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> County Tangible Tax</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Income Tax</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Estimated Tax Payment</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Unemployment Compensation Tax</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Sales Tax</td><td></td><td><input type="checkbox"/></td></tr><tr><td><input checked="" type="checkbox"/> Other <u>ANNUAL REPORT</u></td><td></td><td></td></tr></tbody></table>		<u>Federal</u>	<u>State</u>	<input type="checkbox"/> F.I.C.A. & Withholding Tax (941)	<input type="checkbox"/>		<input type="checkbox"/> Intangible Tax		<input type="checkbox"/>	<input type="checkbox"/> County Tangible Tax			<input type="checkbox"/> Income Tax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Estimated Tax Payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Unemployment Compensation Tax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sales Tax		<input type="checkbox"/>	<input checked="" type="checkbox"/> Other <u>ANNUAL REPORT</u>		
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