2000 UNIFORM BUSINESS REPORT (UBR)			APPROVED AND
OCUMENT # L 9900000 4561			FÎLEO
B&L mining, L.C.		· 🐷	00 JUN 23 PM 1:58
incipal Place of Business	Mailing Address	200	SECRETARY OF STATE TALLAHASSEE, FLORIDA
28000 Spanish Hells Blud P.O. Box 279 Bounter Springs, FL 34135 Bounter Springs			(3) 0000033174103 -07/10/0001024024 *****50.00 ******50.00
Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE ©
City & State	City & State		4. FEI Number Applied For Not Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Current	Registered Agent	ļ <u>.</u>	7. Name and Address of New Registered Agent
Name Amburn-1- James W			ourn-1-James W
		Street Address	(P.O. Box Number is Not Acceptable)
		280	00 Spanish Wells Blud
	/)		ita Springs ; FL zipsq#135
The above named exitity subthits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida.			
- Jane (Ghil-	JAN ESW	Amburn 4/28/00
Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature require	d when reinstating) DATE
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.			
(See criteria on back)	Make Check Payab	ole to Department of St	ate
OFFICERS AND MGRM	DIRECTORS Delete	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition 666666
Bolln. Tuergen.		NAME	
ST-ZIP Wighland Beach, F	C 33487	STREET ADDRESS CITY-ST-ZIP	C Change
UGOM	Delete	TITLE	☐ Change ☐ Addition 💍
Lueder, Helmut, 33015. Ocean Bud		NAME STREET ADDRESS	
ST ZIP Highland Beach, FL	33487 _	CITY-ST-ZIP	
	☐ Delete	TITLE	Change Addition
		STREET ADDRESS	
ST · ZIP		CITY-ST-ZIP	☐ Change ☐ Addition
-	☐ Delete	TITLE NAME	_ change _ rate and
ST. ZIP		STREET ADDRESS CITY-ST-ZIP	
07-41	Delete	TITLE	Change Addition
Annorge		NAME STREET ADDRESS	
ST_ZIP		CITY-ST-ZIP	
	☐ Delete	TITLE	☐ Change ☐ Addition
ADDRESS		NAME STREET ADDRESS	
ST- ZIP	e <u>manganing nga pagaganan a namanan</u> ang kababatan a na	CITY-ST-ZIP	
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.			
HOMATURE: Dollar	Jueinen	Bolln, Pres.	4-27-00 941-902-3351-
SIGNATURE AND TYPED OR F	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR '	Date Daytime Phone #