# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 11, 2001 8:00 am**
**Secretary of State**
04-11-2001 90007 024 ***158.75

04/2103

DOCUMENT # P00000014784

1. Entity Name
BLACK DIAMOND CONSTRUCTION OF GAINESVILLE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 11519 N.E. STATE ROAD 26<br>GAINESVILLE FL 32641 | 11519 N.E. STATE ROAD 26<br>GAINESVILLE FL 32641 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4613 NW 6th Street | 4613 NW 6th Street |
| Suite, Apt. #, etc.: Suite C | Suite, Apt. #, etc.: Suite C |
| City & State: Gainesville, Fl. | City & State: Gainesville, Fl. |
| Zip: 32609 Country: Alaucha | Zip: 32609 Country: Alaucha |

4. FEI Number: 59-3626791 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ALTOMARE, TIMOTHY J<br>11519 N.E. STATE ROAD 26<br>GAINESVILLE FL 32641 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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's 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, 2001 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 | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Timothy Altomare<br>11519 NE State Rd. 26<br>Gainesville, Fl. 32641 | ☐ Change ☐ Add XX |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice-President<br>Melissa Altomare<br>11519 NE State Rd. 26<br>Gainesville, Fl. 32641 | ☐ Change ☐ Add XX |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer<br>Alan G. Heflin<br>17115 S. County Rd.325<br>Hawthorne, Fl. 32640 | ☐ Change ☐ Add XX |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>Melanie K. Heflin<br>17115 S. County Rd.325<br>Hawthorne, Fl. 32640 | ☐ Change ☐ Add XX |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Add |

CR2E034 (10/00)

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 all other like empowered.

SIGNATURE: Melanie K Heflin 3/29/01 352-380-9166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone