

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90410 030 ***550.00

DOCUMENT # P00000014784

1. Entity Name

BLACK DIAMOND CONSTRUCTION OF GAINESVILLE, INC.

Principal Place of Business

4613 NW 6TH STREET
 SUITE C
 GAINESVILLE FL 32609

Mailing Address

4613 NW 6TH STREET
 SUITE C
 GAINESVILLE FL 32609

2. Principal Place of Business

11519 NE SR 26

3. Mailing Address

P O Box 735

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32641

Country

FLAUCHA

Zip

32602-0735

Country

FLAUCHA

6. Name and Address of Current Registered Agent

ALTMARE, TIMOTHY J
 11519 N.E. STATE ROAD 26
 GAINESVILLE FL 32641

7. Name and Address of New Registered Agent

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

N/A

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE P
 NAME ALTMARE, TIMOTHY
 STREET ADDRESS 11519 NE STATE RD 26
 CITY-ST-ZIP GAINESVILLE FL 32641 ☐ Delete

TITLE VP
 NAME ALTMARE, MELISSA
 STREET ADDRESS 11519 NE STATE RD 26
 CITY-ST-ZIP GAINESVILLE FL 32641 ☐ Delete

TITLE T
 NAME HEFLIN, ALAN G
 STREET ADDRESS 17115 S COUNTY RD 325
 CITY-ST-ZIP HAWTHORNE FL 32640 ☐ Delete

TITLE S
 NAME HEFLIN, MELANIE K
 STREET ADDRESS 17115 S COUNTY RD 325
 CITY-ST-ZIP HAWTHORNE FL 32640 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/02 352-380-9160
 Date Daytime Phone #

CR2E034 (9/01)