2002 UNIFORM BUSINESS REPORT (UBR)

FILED 01-17-2003 90022 043 ***750.00
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P01000076499

1. Entity Name
BLACKWOOD ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2280 SW 154TH AVE. DAVIE FL 33326-2014	2280 SW 154TH AVE. DAVIE FL 33326-2014

30011788

2. Principal Place of Business	3. Mailing Address
14830 SMITH SUNDY RD.	14830 SMITH SUNDY RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH, FLA.	City & State: DELRAY BEACH, FLA.
Zip: 33446 Country	Zip: 33446 Country

DO NOT WRITE IN THIS SPACE 02-03

4. FEI Number 65-1127675 ☐ 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
WAXMAN, KATHERINE 2280 SW 154TH AVE. DAVIE FL 33326-2014	Name: KATHERINE L. WAXMAN Street Address (P.O. Box Number is Not Acceptable): 14830 SMITH SUNDY RD. City: DELRAY BEACH, FLA. FL Zip Code: 33446

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: KATHERINE WAXMAN JAN 9/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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 $550.00
After September 13, 2002 Fee will be $750.00
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	D WAXMAN, KATHERINE 2280 SW 154TH AVE. DAVIE FL 33326-2014	☐ Delete	PRESIDENT KATHERINE WAXMAN 14830 SMITH SUNDY RD. DELRAY BEACH, FLA. 33446	☑ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
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		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

CR2E034 (4/02)

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 REQUIRED Nov. 15/02 561 7565776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #