

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90129 011 ***150.00

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DOCUMENT # P01000110766

1. Entity Name

BLACKEYE SERVICES, INC.



Principal Place of Business
**1462 SOUTHWEST 19TH AVENUE
FORT LAUDERDALE FL 33312**

Mailing Address
**1462 SOUTHWEST 19TH AVENUE
FORT LAUDERDALE FL 33312**

11060130



2. Principal Place of Business
2608 N. 26TH TERR.

3. Mailing Address
2608 N. 26TH TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
HOLLYWOOD FL

City & State
HOLLYWOOD, FL

4. FEI Number **65-1155591**

Applied For
Not Applicable

Zip **33020** Country **USA**

Zip **33020** Country **USA**

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

**SHEFFA, KARAGTOZ
1462 SW 19TH AVENUE
FORT LAUDERDALE FL 33312**

Name **SHEFFA - KARAGTOZ**

Street Address (P.O. Box Number is Not Acceptable)

2608 N. 26TH TERR.

City **HOLLYWOOD**

FL

Zip Code **33020**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Delete
NAME **KARAGTOZ, SHEFFA**
STREET ADDRESS **1462 SOUTHWEST 19TH AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **KARAGTOZ, SHEFFA**
STREET ADDRESS **2608 N. 26TH TERR**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SHEFFA KARAGTOZ

4/26/03

954-274-5758

CR2E034 (10/02)