

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90278 038 ***150.00

DOCUMENT #

1. Entity Name **P02000080600**

BLACKWING DESIGNS, INC.

DO NOT WRITE IN THIS SPACE

11013910

2. Principal Place of Business

8191 N. University Dr

Suite, Apt. #, etc.

Suite 157

City & State

Tamarac, FL

Zip

33321

Country

3. Mailing Address

8191 N. University Dr

Suite, Apt. #, etc.

Suite 157

City & State

Tamarac, FL

Zip

33321

Country

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4. FEI Number

56-2284157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Moore, Jayne M.

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

8191 N. University Dr

Suite 157

City

Tamarac

FL

33321

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IN THIS SPACE**

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 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Moore, Jayne M.
8191 N. University Dr., #157
Tamarac, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jayne Moore

4-11-03 561-395-9719

Date

Daytime Phone #

CR2E034B (12/01)