## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P93000008134 1. Entity Name BLACK OAKS RANCH, INC.

Principal Place of Business

Mailing Address

11639 WILD CAT LANE NEW PORT RICHEY FL 34654

11639 WILD CAT LANE **NEW PORT RICHEY FL 34654** 

**FILED** Apr 26, 2002 8:00 am Secretary of State

04-26-2002 90020 019 \*\*\*150.00

Suite, Apt. #, etc.  City & State  Country  Country  Sole Cartificate of Status Desired Sole Sole Registered Agent  Name  Name  CHMIELEWSKI, KENNETH D  11639 WILD CAT LANE NEW PORT RICHEY FL 34654  City  FL  Sole City  FL  City  FL  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  18.  CHMIELEWSKI, KENNETH D  1639 WILD CAT LANE NAME SIRET ADDRESS CITY ST-Zip  NAME  CHMIELEWSKI, KENNETH D  Deale  TILE NAME SIRET ADDRESS CITY ST-Zip  Other Charge									
City & State  Country  Coun	2. Principal	Place of Business	3. Mailing Address					)	
City & State    City & State   City & State   City & State   City & State   Country   Zip   Country   St. Cardificate of Status Desired   St.75 Addition   St.7	Suite, Api	t. #, etc.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		_				
Signature  Signature  Signature  Signature  Signature  Signature  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  OTH-SI-ZP  OHMELEWSKI, KENNETH D  11639 WILD CAT LANE NEW PORT RICHEY FL 34654  Signature, typed or printed reme of regulated agent and the if applicable.  (NOTE: Registered Agent glouture request when ministance)  Alter May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  OTH-SI-ZP  OHMELEWSKI, KENNETH D  11639 WILD CAT LANE NEW PORT RICHEY FL 34654  Signature, typed or printed reme of regulated agent and the if applicable.  (NOTE: Registered Agent glouture request when ministance)  Atter May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  MAKE STREET ADDRESS  OITY-ST-ZP  OHMELEWSKI, KENNETH D  11639 WILD CAT LANE NEW PORT RICHEY FL 34654  OITY-ST-ZP  OITY-ST-ZP  OITY-ST-ZP  OITHER  MAKE STREET ADDRESS  OITY-ST-ZP  OI	City & Sta	ate				EE! Number	<u> </u>		pplied For ot Applicable
CHMIELEWSKI, KENNETH D 11839 WILD CAT LANE NEW PORT RICHEY FL 34654  SITHER ADDRESS OFFICERS AND DIRECTORS  TILE NAME OFFICERS  TILE OF	Zip	Country	Zip	Country	5.	Certificate of Status Desired		3.75 Ad	lditional
CHMIELEWSKI, KENNETH D 11639 WILD CAT LANE NEW PORT RICHEY FL 34654  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 printer name of registered agent and rife of applicable.  NOTE Registered Agent signature required when relicating)  P. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME  STREET ADDRESS  CITY-ST-ZP  DEIDLE WANE  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  DEIDLE WANE  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  CHANGES  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  STREET ADDRESS  CITY-ST-ZP  CHANGES  CITY-ST-ZP  TITLE  STREET ADDRESS  CITY-ST-ZP		6. Name and Address of Current F	Registered Agent		7.	Name and Address of New Reg		•	
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 libe if applicable. (NOTE: Registered Agent signature required when reinstating)  P. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  TITLE  OLHMIELEWSKI, KENNETH D  11639 WILD CAT LANE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  D. CHMIELEWSKI, KATHLEEN M  11639 WILD CAT LANE  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	11639 WII								
SIGNATURE  Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating)  Date  P. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  Tax filing requirement and elects to do so. (See criteria on back)  TITLE  D. CHMIELEWSKI, KENNETH D  TITLE  NAME  SITRET ADDRESS  CITY-ST-ZIP  TITLE  D. CHMIELEWSKI, KENNETH D  TITLE  NAME  STRET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STRET ADDRESS	19 6	City	City FL Zip Code						
Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Repistered 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)    See criteria on back   See cri	8. The above	e named entity submits this statement for	the purpose of changing its	registered office or regis	stered ag	ent, or both, in the State of Florid	a.		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE NAME CHMIELEWSKI, KENNETH D 11639 WILD CAT LANE NEW PORT RICHEY FL 34654  TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	E: Registered Agent signature reg	uired when re	sinstation)	DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)  FILE NOW!!! FEE  After May 1, 2002 Fee  Make Check Payable to De			!! FEE IS \$150.00 02 Fee will be \$550.0		10. Election Campaign Finance	oing		0 May Be
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				12.	AD	DITIONS/CHANGES TO OFFICE	RS AND DI	RECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	CHMIELEWSKI, KENNETH D 11639 WILD CAT LANE	Delete	NAME STREET ADDRESS				Change	Addition
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TITLE  NAME STREET ADDRESS CITY-ST-ZIP  13. I hereby certify that the information supplied with this filling 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 we invest the other than the information to the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information to the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information to the exemption stated in Section 119.07(3)(ii), Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				v	Addition

SIGNATURE:

GOFFICER OF DIRECTOR DIRECTOR