2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State
03-01-2000 90080 033 ***150.00

DOCUMENT # **P94000047698**

1. Entity Name

BLACKWATER ULTRALIGHT FLIGHT PARK, INC.

Principal Place of Business	Mailing Address
9002 S.R. 39 NORTH PLANT CITY FL 33565-7208	9002 S.R. 39 NORTH PLANT CITY FL 33565

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9002 PAUL BUCHMAN HWY	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.: 9002 PAUL BUCHMAN HWY
City & State: PLANT CITY, FLORIDA	City & State: PLANT CITY, FLORIDA
Zip: 33565-7208 / Country: HILLSBOROUGH	Zip: 33565-7208 / Country: HILLSBOROUGH

4. FEI Number 59-3259821 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CANNON, R. DEAN JR
20 N. ORANGE AVE., SUITE 1500
ORLANDO FL 32802-0712

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 ______________________________ DATE
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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CANNON, IVEY E		NAME		
STREET ADDRESS	9002 S.R. 39 NORTH		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33565-7208		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CANNON, ALTHEA B		NAME		
STREET ADDRESS	9002 S.R. 39 NORTH		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33565-7208		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: Althea B. Cannon 2/22/2000 813-752-7179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #