

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2003 8:00 am**  
**Secretary of State**

07-23-2003 90062 030 \*\*\*550.00

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**DOCUMENT # P94000063922**

1. Entity Name  
**BLACKWOOD PLANNING CORP.**



Principal Place of Business  
**3132 FORTUNE WAY  
#D32  
WEST PALM BEACH FL 33414  
US**

Mailing Address  
**3132 FORTUNE WAY  
#D32  
WEST PALM BEACH FL 33414  
US**



2. Principal Place of Business

3. Mailing Address

**3500 Fairlane Farm Rd #11** ← Same  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

**Wellington FL**

**Same**

4. FEI Number **65-0517317**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**33414**

**USA**

**Same Same**

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

**HORTON, LAURA M  
1300 N.W. 167TH STREET  
MIAMI FL 33169**

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. 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

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DP  
BLACKWOOD, GLENN  
3480 AMBASSADOR RD  
WEST PALM BEACH FL 33414**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Glenn A. Blackwood**

**561-798-5626**

Daytime Phone #

CR2E034 (4/03)