2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 AUG 29 PM 3:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P95000088888

1. Entity Name

BLACKPOOL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4300 North University Dr. D-103 Lauderhill, FL 33351	Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4300 N. University Dr.		4300 N. University Dr.	
Suite, Apt. #, etc. D-103		Suite, Apt. #, etc. D-103	
City & State Lauderhill		City & State Florida	
Zip 33351	Country USA	Zip 33351	Country USA

4. FEI Number 65-0561737 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Steven, P. Oppenheim
1110 Brickell Ave., 7th Floor
Miami, FL 33131

7. Name and Address of New Registered Agent

Name: William M. Murphy
Street Address (P.O. Box Number Is Not Acceptable): 4300 N. University Dr. D-103
City: Lauderhill FL Zip Code: 33351

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 William M. Murphy, President (954) 746-2221 8/24/00
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) ☐

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PDST ☐ Delete Murphy, William M. 4300 N. University Dr. D-103 Lauderhill, FL 33351	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900003391759--3 -09/13/00--01065--026 ******8.75 ******8.75
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William M. Murphy, President (954) 746-2221 8/24/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #