

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90354 018 \*\*\*150.00

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**DOCUMENT # P95000017061**

1. Entity Name  
**BLACK AND RAIDY INC**



Principal Place of Business  
**33 COLONIAL CLOTS DR  
STE 104  
BOYNTON BEACH FL 33435  
US**

Mailing Address  
**P O BOX 1556  
DELRAY BEACH FL 33447  
US**



2. Principal Place of Business  
**34 COLONIAL CLUB DR.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**APT # 105**

City & State

City & State

**BOYNTON BEACH FL**

Zip  
**33435**

Country  
**US**

Zip

Country

4. FEI Number **65-0557509**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLACK, WM S  
33 COLONIAL CLUB DR  
STE 104  
BOYNTON BEACH FL 33435**

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

*Stephen Black*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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  
**P  
BLACK, WM S  
33 COLONIAL CLUB DR #104  
BOYNTON BEACH FL**

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ 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:

*Stephen Black*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03  
Date

561 374 9302  
Daytime Phone #

CR2E034 (10/02)