2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000009061

1. Entity Name

ROBERT BLACK CONSTRUCTION, INC.



U3-U1-2UU3 9U381 U46 150.00

FILED										
ay 0	1, 20	003	8:00	am						
Secre	etáry	of	State	•						
05 01 20	003 0038.	1 046 *	***150.00							

Principal Place of Business 11870 ST. RD. 84		Mailing Address 11870 ST. RD. 84									
SUITE C-11		SUITE C-11			l						
DAVIE FL 333	325		DAVIE FL 33325			í	A CARLINGO ME COLLA DELLA GAME DEME ABOLE DAMA DEME DEMO COLLA GAME DISES CENT COLL				
US			US			,					
	Place of Busin		3. Mailing Address			\dashv					
2. Principal Place of Business		3. Walling Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
City & State		City & State		4. F	4. FEI Number 65-0635559			plied For at Applicable			
Zip	-	Country	Zíp	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current	Registered Agent	Agent			7. Name and Address of New Registered Agent				
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BLACK, ROBERT L					Street Address (P.O. Box Number is Not Acceptable)						
14060 LA DAVIE FL	NGLEY PLA	CE									
OAVIL I L	00020	•		City				· 	Zip Code		
9 The shave	named entit	aubmite this etetement for	the purpose of abancing	ita rociator	Ĺ		ent, or both, in the State of Florida				
the obligat	tions of regist	r submits this statement for ered agent.	r the purpose or changing	y its register	ed once or registe	ared age			ar willi,	and accept	
SIGNATURE .	hom		The state of the s	HOTT: De lisses	J		4/3860.	3 DATE			
	 '	or printed name of registered agent a	and the it applicable.	NOTE: Hegistere	d Agent signature require	ed when rei	nstating)	DATE	`	:	
		FEE IS \$150.00					9. Election Campaign Financi	ng	\$5.0	O May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Trust Fund Contribution.			I to Fees		
Make Check	R Payable to	Florida Department of	State]	
10.		OFFICERS AND	DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFICER	RS AND DIR	ECTORS	3 IN 11	
TITLE	PD		☐ Delete	TITL	E				Change	Addition	
NAME	BLACK, R			NAM	E						
STREET ADDRESS		NGLEY PLACE		STR	ET ADDRESS					ļ	
CITY-ST-ZIP	DAVIE FL	33325		CITY	-ST-ZIP						
TITLE	STD		☐ Delete	TITL					Change	Addition	
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STREET ADDRESS	330 SW 2				EET ADDRESS						
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	t	NUALE FL 33302									
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CITY-ST-ZIP	POMPANO	BEACH FL 33064		CITY	-ST-ZIP						
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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:

SPEWARURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #