## 2000 UNIFORM BUSINESS REPORT (UBR)

ATURE AND TYPED OR PRINTED NAME OF

## **FILED** DOCUMENT # **P96000016985** Apr 26, 2000 8:00 am Secretary of State BLACKWATER MATERIALS CORP. 04-26-2000 90171 006 \*\*\*150.00 Principal Place of Business Mailing Address 6953 MAIN STREET POST OFFICE DRAWER 2349 LAKE CITY FL 32056-2349 BAGDAD FL 32530 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Ant. # etc. Applied For City & State City & State 4. FFI Number 59-3374569 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NORRIS, JOHN E Street Address (P.O. Box Number is Not Acceptable) 201 NO. MARION STREET STE 301 LAKE CITY FL 32055 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete ☐ Addition TITLE TITLE ANDERSON, JOE H JR NAME NAME STREET ADDRESS STREET ADDRESS **HWY 349 N** CITY-ST-ZIP CITY-ST-ZIP OLD TOWN FL 32680 Addition ☐ Change TITLE ☐ Delete TITLE ANDERSON, JOE H III NAME NAME STREET ADDRESS STREET ADDRESS HWY 349 N CITY-ST-7IP CITY-ST-ZIP OLD TOWN FL 32680 ☐ Change ☐ Addition **VPD** ☐ Delete TITLE TITLE NAME ANDERSON, MARION D NAME STREET ADDRESS STREET ADDRESS **HWY 349 N** C(TY-ST-ZIP CITY-ST-7IP OLD TOWN FL 32680 ☐ Delete ☐ Change ☐ Addition TITLE NAME CHILDERS, CYNTHIA D NAME HWY 349 N STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP OLD TOWN FL 32680 Change Addition Delete TITLE TITLE CHILDERS, TIMOTHY L NAME NAME STREET ADDRESS HWY 349 N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLD TOWN FL 32680 Change Addition VPD ☐ Delete TITLE TITLE WALL, KEVIN R NAME NAME HWY 349 N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP OLD TOWN FL 32680 I hereby certify that the information supplied with this filling 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 acqurate 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 reference 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. with an add SIGNATURE: Davtime Phone #