

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90024 049 ***150.00

DOCUMENT # P96000016985

1. Entity Name
BLACKWATER MATERIALS CORP.

Principal Place of Business

**6953 MAIN STREET
 BAGDAD FL 32530**

Mailing Address

**POST OFFICE BOX 1829
 LAKE CITY FL 32056-1829**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3374569**

Applied For
 Not Applicable

Zip Country Zip Country

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

**MCRAE, CHRIS
 1667 MAHAN CTR BLVD
 TALLAHASSEE FL 32308**

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.

SIGNATURE _____
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, 2002 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	D	<input type="checkbox"/> Delete
NAME	ANDERSON, JOE H JR	
STREET ADDRESS	HWY 349 N	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDERSON, JOE H III	
STREET ADDRESS	HWY 349 N	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ANDERSON, MARION D	
STREET ADDRESS	HWY 349 N	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHILDERS, CYNTHIA D	
STREET ADDRESS	HWY 349 N	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHILDERS, TIMOTHY L	
STREET ADDRESS	HWY 349 N	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WALL, KEVIN R	
STREET ADDRESS	HWY 349 N	
CITY-ST-ZIP	OLD TOWN FL 32680	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Doug Anderson* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02
Date Daytime Phone #

CR2E034 (9/01)