

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91537 008 ***150.00

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AV

DOCUMENT # P96000034742

1. Entity Name
BLB, INC.

Principal Place of Business
**1100 INDUSTRIAL WAY EAST
SEBRING FL 33870**

Mailing Address
**2800 N. STATE RD. 7
MARGATE FL 33063
US**

2. Principal Place of Business

3. Mailing Address
6035 Washington Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sebring, Florida

4. FEI Number **65-0668363**

Applied For
Not Applicable

Zip

Country

Zip

Country

33876

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

6. Name and Address of Current Registered Agent

**BLACK, WILLIAM L
2800 NORTH STATE ROAD 7
MARGATE FL 33063**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6035 Washington Street

City
Sebring

FL

Zip Code
33876

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

TITLE **PD** ☐ Delete
NAME **BLACK, WILLIAM L**
STREET ADDRESS **2800 N SR 7**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **S** ☐ Delete
NAME **BLACK, CYNTHIA D**
STREET ADDRESS **2800 N SR 7**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6035 Washington Street**
CITY-ST-ZIP **Sebring, Florida 33876**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2653 N. W. 95th Terrace**
CITY-ST-ZIP **Coral Springs, Florida 33065**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED **Cynthia D. Black**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

863-382-4600

Date

Daytime Phone #

CR2E034 (9/01)