

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90373 031 ***150.00

DOCUMENT # P96000080672

1. Entity Name
BLACKHAWK INTERNATIONAL, INCORPORATED

Principal Place of Business

416 N. DIXIE HWY
LAKE WORTH FL 33460

Mailing Address

P.O. BOX 6621
WEST PALM BEACH FL 33405

2. Principal Place of Business

3015 Exchange CT
Suite, Apt. #, etc.
Suite C

3. Mailing Address

Suite, Apt. #, etc.

City & State

West Palm Beach

City & State

4. FEI Number

65-0495839

Applied For

Not Applicable

Zip

33409

Country

Palm Beach

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIELY, DAN R
416 N. DIXIE HWY
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name

DAN R Kiely (same)

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

3015 Exchange Ct, Suite C

City

West Palm Beach

FL

Zip Code

33409

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

DAN R. Kiely

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

(NOTE: Registered Agent signature required when reinstating)

4/10/02

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 **P** ☐ Delete
NAME **KIELY, DAN R**
STREET ADDRESS **416 N. DIXIE HWY**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

DAN R Kiely
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/02

Daytime Phone #

561 502 0492

CR2E034 (9/01)