

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049385

1. Entity Name

BLACKDOG ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1400 B CERRO GORDO RD
SANTA FE, NM 87501

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ROGER MILLER Assoc.
5125 CASTLE BLK.
NAPLES, FL 34103

4. FEI Number

EIN 65-071819

Applied For

Not Applicable

5. Certificate of Status Desired

No

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Same

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, its registered agent, or both, in the State of Florida.

change of address only

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

FILE NOW!!! FEB 18 \$150.00
After MAY 1, 2000 Fee will be \$250.00
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	PRESIDENT	☐ Delete
NAME	ELIZABETH A. ARBLE	
STREET ADDRESS	1400 B CERRO GORDO RD	
CITY-ST-ZIP	SANTA FE, NM 87501	
TITLE	SECTY	☐ Delete
NAME	STEPHEN C. JOSEPH, MD	
STREET ADDRESS	1400 B CERRO GORDO RD	
CITY-ST-ZIP	SANTA FE, NM 87501	
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		
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)(f), 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 807, 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:

STEPHEN C. JOSEPH, MD

4/5/00 (505) 995-8574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)