

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069652

1. Entity Name

BLACKFOOT CONSTRUCTION, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90038 050 ***150.00

Principal Place of Business

Mailing Address

RT. 2 BOX 62JK
QUINCY FL 32351

RT. 2 BOX 62JK
QUINCY FL 32351-9802

Change

2. Principal Place of Business

3. Mailing Address

1270 Frank Smith Rd

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Quincy FL

Zip 32351

Country Gadsden

Zip

Country

4. FEI Number

59-3473325

Applied For

Not Applicable

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

VOLZ, CINDY
RT. 2 BOX 62JK
QUINCY FL 32351

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
0
VOLZ, CYNDI
RT 2 BOX 62JK
QUINCY FL 32351

☐ Delete

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

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☐ Change ☐ Addition

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:

Cindy Volz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

17 April-00-850-627-2198

CR2E034 (9/99)