

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069652

1. Entity Name

BLACKFOOT CONSTRUCTION, INC.

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90003 021 ***150.00

Principal Place of Business

1270 FRANK SMITH RD.
QUINCY FL 32351

Mailing Address

1270 FRANK SMITH RD.
QUINCY FL 32351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

Cyndi Volz

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

1270 Frank Smith Rd

City

Quincy

FL

Zip Code

32351

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, 2001 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 0
NAME VOLZ, CYNDI
STREET ADDRESS RT 2 BOX 62JK
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

TITLE
NAME Cyndi Volz
STREET ADDRESS 1270 Frank Smith Rd
CITY-ST-ZIP Quincy FL 32351 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Cyndi Volz - Cyndi Volz

16 Apr. 01

850)637-2198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)