

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90767 009 \*\*\*150.00

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**DOCUMENT # P97000105332**

1. Entity Name

**BLACKBIRD ENTERPRISES, INC.**

Principal Place of Business

**855 AZALEA DR  
 ROYAL PALM BCH FL 33411**

Mailing Address

**P O BOX 19924  
 WEST PALM BEACH FL 33416**

826742



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**16142 130<sup>th</sup> way**  
 Suite, Apt. #, etc.

3. Mailing Address

**16142 130<sup>th</sup> way**  
 Suite, Apt. #, etc.

City & State

**Jupiter, Florida**

City & State

**Jupiter, Florida**

4. FEI Number

**65-0804812**

Applied For

Not Applicable

Zip

Country

**33478 USA**

Zip

Country

**33478 USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**THOMASON, JAMES**

**855 AZALEA DR**

**ROYAL PALM BCH FL 33411**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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 **THOMASON, JAMES**  
 STREET ADDRESS **855 AZALEA DR**  
 CITY-ST-ZIP **ROYAL PALM BCH FL 33411**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 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 **PD** ☒ Change ☐ Addition  
 NAME **Thomason, James**  
 STREET ADDRESS **16142 130<sup>th</sup> way**  
 CITY-ST-ZIP **Jupiter Florida 33478**

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

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:

**James A. Thomason** 4-1-02 561-748-037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)