

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000014391****FILED**
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90287 034 ***150.00

1. Entity Name**BLACKWELL PROPERTIES, INC.****Principal Place of Business****6915 S.R. 54
NEW PORT RICHEY FL 34653****Mailing Address****6915 S.R. 54
NEW PORT RICHEY FL 34653****2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3502610Applied For
Not Applicable**5. Certificate of Status Desired** ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****BLACKWELL, GARY L
6915 S.R. 54
NEW PORT RICHEY FL 34653****7. Name and Address of New Registered Agent**

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, 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****TITLE D** ☐ Delete
NAME BLACKWELL, GARY L
STREET ADDRESS 6915 S.R. 54
CITY-ST-ZIP NEW PORT RICHEY FL 34653**TITLE D** ☐ Delete
NAME BLACKWELL, GARY L II
STREET ADDRESS 6915 S.R. 54
CITY-ST-ZIP NEW PORT RICHEY FL 34653**TITLE D** ☐ Delete
NAME OLSON, JACQUELINE L
STREET ADDRESS 6333 ILLINOIS AVENUE
CITY-ST-ZIP NEW PORT RICHEY FL 34652**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
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Blackwell**4/17/01**

Date

727-842-2571

Daytime Phone #

CR2E034 (10/00)