

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000021330

1. Entity Name

BLACK DOG TOWERS, INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90096 037 ***158.75

Principal Place of Business

Mailing Address

735 EAGLE POINT DRIVE
VENICE FL 34292

735 EAGLE POINT DRIVE
VENICE FL 34292-5000

2. Principal Place of Business

3. Mailing Address

1790 Apex Road

Suite, Apt. #, etc.

Ste. 200

City & State

Sarasota

Zip

34240

Country

Sarasota

City & State

Sarasota

Zip

34240

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Sarasota



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0817427

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

WELWOOD, MICHAEL J
735 EAGLE POINT DRIVE
VENICE FL 34292

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	PD	<input type="checkbox"/> Delete
NAME	WELWOOD, MICHAEL J	
STREET ADDRESS	735 EAGLE POINT DRIVE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	CO	<input type="checkbox"/> Delete
NAME	WELWOOD, MELINDA	
STREET ADDRESS	3540 CORONADO DR	
CITY-ST-ZIP	SARASOTA FL 34331	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MCCOURT, MARK	
STREET ADDRESS	4518 WINDSOR COURT EAST	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	COD	<input checked="" type="checkbox"/> Delete
NAME	RECINE, RONALD	
STREET ADDRESS	3540 CORONADO DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Welwood, Michael J.	
STREET ADDRESS	735 Eagle Pt Dr	
CITY-ST-ZIP	Venice, FL 34292	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Welwood, Melinda	
STREET ADDRESS	735 Eagle Pt Dr.	
CITY-ST-ZIP	Venice, FL 34292	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCourt, Mark	
STREET ADDRESS	4518 Windsor Ct. E.	
CITY-ST-ZIP	Bradenton, FL 34203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Type for Printed Name of Signing Officer or Director

April 24, 2000 953-3400

Date

Daytime Phone #