

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028914

1. Entity Name
BLACK BIDDY, INC.

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90138 008 ***150.00

Principal Place of Business
4942 NW 96TH TERRACE
SUNRISE FL 33351

Mailing Address
4942 NW 96TH TERRACE
SUNRISE FL 33351



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3508221

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SCOTT, FREDDY L
4942 NW 96TH TERRACE
SUNRISE FL 33351

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO
NAME SCOTT, FREDDY L
STREET ADDRESS 4942 NW 96TH TERR
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

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

TITLE EV
NAME SCOTT, PHYLLIS L
STREET ADDRESS 4942 NW 96TH TERR
CITY-ST-ZIP SUNRISE FL 33351 ☐ Delete

TITLE ☐ Change ☐ Addition
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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: SCOTT, FREDDY L
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/02

(954) 535-2748

Date

Daytime Phone #

CR2E034 (9/01)