## 2001 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Mar 12, 2001 8:00 am Secretary of State DOCUMENT # P98000049873 BLACKACRE & MORE, INC. 03-12-2001 90461 017 \*\*\*150.00 Principal Place of Business Mailing Address 11016 N. DALE MABRY HWY. 11016 N. DALE MABRY HWY. STF 202 STE 202 TAMPA FL 33618 TAMPA FL 33618 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3529469 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required --- > 7: Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **BULLUCK, ROBERT A** Street Address (P.O. Box Number is Not Acceptable) 11016 N. DALE MABRY HWY. **TAMPA FL 33618** Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition ☐ Defete TITLE TITLE RUTHERFORD, THOMAS S NAME NAME STREET ADDRESS STREET ADDRESS 11016 N DALE MABRY HWY #202 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33618** ☐ Addition ☐ Delete TITLE Change TITLE BULLUCK, ROBERT A NAME NAME STREET ADDRESS STREET ADDRESS 11016 N. DALE MABRY HWY. CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33618** Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 expowered 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.