2000 UNIFORM BUSINESS REPORT (UBR) APPROVED P980000 \$1.641 OCUMENT # BLACKHAWK RELOVERY, INC. 00 AUG 16 PM 12: 59 SECRETARY OF STATE TALLAHASSEE, FLORIDA تأسينية التونية التراسية التر Mailing Address 2840 FIREHOUSE 720 DELAND, KL 32780 D0066438 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 59-35/6545 Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name O. PETERS DAMEN 2840 FINEHUUSE RD Street Address (P.O. Box Number is Not Acceptable). DEWAND, KL 30720 City 7ip Code FL 2. 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. Typec or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWIN PEP 18 \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Make Check Payable to Department of States. (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ii. OFFICERS AND DIRECTORS 12 66/6) ☐ Addltion Change Delete TOTLE DARREN O. PETERS NAME 2846 WACIOINE CA CR2E034 STREET ADDRESS aggrage Deurona, EL 32720 CITY ST-7P ☐ Addition ☐ Change Delete TIL. F NAME STREET ADDRESS er an CITY-ST-ZIP ☐ Detete[—] TIT F NAME STREET ADDRESS CITY-ST-79P CT 70 ☐ Change ☐ Addition ☐ Delete TITLE STREET ADDRESS CITY-SI-ZP 27.720 Addition ☐ Change JLTJI ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP 57.70 Addition Delete TILLE NAME STREET ADDRESS CITY-ST-ZIP St zin 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. 6/16/00 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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BLACKHAWK RECOVERY 2840 FIREHOUSE RD DELAND, FL 32720

904.736.0054

MICHELLE MILIGAN DIVISION OF CORPORATIONS ANNUÁL REPORTS SECTION

AUGUST 16, 2000

PLEASE BE ADVISED THAT I NEVER RECEIVED THE ORIGINAL COPY OF MY UBR, WHICH IS PAST DUE SINCE MAY 1, 2000. SINCE THEN I HAVE WRITTEN THREE LETTERS EXPLANING WHY MY UBR WAS LATE AND KEEP RECEIVING LETTERS STATING THAT THERE IS AN UNPAID BALANCE OF \$400.00. MY UBR WAS MAILED ON 06-09-00 WITH A LETTER OF EXPLANATION, WHICH YOUR OFFICE WAS NEVER RECEIVED.

PLEASE LOOK INTO THIS MATTER SO THAT MY UBR CAN BE FILED.

THANK YOU.

DARREN PETERS, PRESIDENT BLACK HAWK RECOVERY, INC.