1-14-02 407-321-2553 Date Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: R. LSLGWAR ROBERT LOZIONO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2002	2 UNIF	ORM BUSIN	IESS REPO	RT	(UBR)	-		LEI		.	
DOCUMENT # P98000084461 1. Entity Name						Secretary of State						
BLACK S	HEEP CHA	RTERS, INC.						02-18-2002 9	90146 00	8 ***150.	.00	
•	ce of Business NG DOVE CIRCLI FL 32746	Ē	Mailing Address 553 MOURNING DOVE CIRCLE LAKE MARY FL 32746						il 11 111 11 181 i			
2. Principal P	Place of Busines	s	3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat	e		City & State			4	. FEI Number	59-3533015	<u> </u>		oplied For	
Zip	Country		Zip Count		ry	5. Certificate of Status Desired					ditional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
LAND, ROBERT L					Name Street Address (P.O. Box Number is Not Acceptable)							
553 MOURNING DOVE CIRCLE LAKE MARY FL 32746												
PULL INIT	INTTE 32/40				City		<u> </u>		FL	Zip Code	e	
8. The above	named entity s	ubmits this statement for th	e purpose of changing its i	registere	d office or re	gistered	agent, or both	n, in the State of Flo				
SIGNATURE	Signature, typed or p	rinted name of registered agent and t	itle il applicable. (NOTE	: Registered	Agent signature i	required whe	n reinstating)		DATE			
y9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE After May 1, 2002 Fee								etion Campaign Fin	· -		0 May Be	
	ria on back)	×	Make Check Payab		partment o					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
TITLE	PTD	OFFICERS AND DIF	Delete	12.			ADDITIONS/C	CHANGES TO OFF	CERS AND	Change	S IN 11 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	LAND, ROBI	ING DOVE CIRCLE	_ 23.00		ET ADDRESS ST-ZIP					_ •		
TITLE	VPS	16 02/40	□ Delete	TITLE	——————————————————————————————————————					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	LAND, BARE 553 MOURN	ING DOVE CIRCLE			ET ADDRESS ST-ZIP						ļ	
TITLE	LAKE MARY	FL 32/46	□ Delete	TITLE						Change	Addition	
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CITY-ST-ZIP					ST-ZIP							
indicated of the cor	on this report o poration or the r	formation supplied with this supplemental report is tru eceiver or trustee empowe ment with an address, with	e and accurate and that m red to execute this report a	ıy signatı	ure shall have	e the sam	e legal effect	as if made under of	ath; that I a	m an officer	or director	