

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001701

1. Entity Name  
BLACKHAWK CONSULTING INC. ✓

Principal Place of Business  
7938 CAUSEWAY BLVD., SOUTH  
ST. PETERSBURG FL 33707

Mailing Address  
7938 CAUSEWAY BLVD., SOUTH  
ST. PETERSBURG FL 33707

2. Principal Place of Business  
10092 GULF BLVD

3. Mailing Address  
10092 GULF BLVD

Suite, Apt. #, etc.  
APT # 1

Suite, Apt. #, etc.  
APT 1

City & State  
TREASURE ISLAND FL

City & State  
TREASURE ISLAND FL

Zip Country  
33706 USA

Zip Country  
33706 USA

4. FEI Number  
57-0510504

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

VALVERDE, MANUEL A  
7938 CAUSEWAY BLVD., SOUTH  
ST. PETERSBURG FL 33707

## 7. Name and Address of New Registered Agent

Name  
MANUEL A. VALVERDE

Street Address (P.O. Box Number is Not Acceptable)  
10092 GULF BLVD UNIT #1

City TREASURE ISLAND FL Zip Code 33706

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 *Manuel A. Valverde*

7/10/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE D ☐ Delete  
NAME VALVERDE, LARA  
STREET ADDRESS 7938 CAUSEWAY BLVD., SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33707

TITLE D ☐ Delete  
NAME VALVERDE, MANUEL A  
STREET ADDRESS 7938 CAUSEWAY BLVD., SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33707

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME LARA VALVERDE  
STREET ADDRESS 10092 GULF BLVD unit #1  
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE D ☒ Change ☐ Addition  
NAME MANUEL A. VALVERDE  
STREET ADDRESS 10092 GULF BLVD  
CITY-ST-ZIP TREASURE ISLAND FL 33706

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

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

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

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: *Manuel A. Valverde* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00  
Date

727-360-6884  
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2 E034 15/00