

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90079 049 ***558.75

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 10092 GULF BLVD, APT # 1, TREASURE ISLAND FL 33706
 3. Mailing Address: 10092 GULF BLVD, APT 1, TREASURE ISLAND FL 33706

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* DATE: **7/10/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <input type="checkbox"/> Delete NAME: VALVERDE, LARA STREET ADDRESS: 7938 CAUSEWAY BLVD., SOUTH ST. PETERSBURG FL 33707	
TITLE: D <input type="checkbox"/> Delete NAME: VALVERDE, MANUEL A STREET ADDRESS: 7938 CAUSEWAY BLVD., SOUTH ST. PETERSBURG FL 33707	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: LARA VALVERDE STREET ADDRESS: 10092 GULF BLVD UNIT #1 CITY-ST-ZIP: TREASURE ISLAND FL 33706	
TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: MANUEL A. VALVERDE STREET ADDRESS: 10092 GULF BLVD CITY-ST-ZIP: TREASURE ISLAND FL 33706	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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** DATE: **7/10/00** DAYTIME PHONE #: **727-360-6884**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2 E034 (5/00)