2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000004132**

BLACKEYE CONSULTING, INC.

Principal Place of Business

Mailing Address

1007 N. FEDERAL HIGHWAY

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

SUITE 214 FORT LAUDERDALE FL 33304

2. Principal Place of Business

1007 N. FEDERAL HIGHWAY SHITE 214

FORT LAUDERDALE FL 33304-1422

Suite, Apt. #, etc.

City & State

Zip

Suite, Apt. #, etc.

3. Mailing Address

Country

City & State

Country

4. FEI Number 65-0888789

5. Certificate of Status Desired

\$8.75 Additional Fee Required

704732

Applied For

Not Applicable

FILED

Jan 21, 2000 8:00 am Secretary of State

01-21-2000 90109 019 ***150.00

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

PYE, THOMAS G ESQ. 2787 E. OAKLAND PARK BOULEVARD SUITE 301

FT. LAUDERDALE FL 33018

Name

Street Address (P.O. Box Number is Not Acceptable)

(NOTE: Registered Agent signature required when reinstating)

Zip Code FL

DATE

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

(See criteria on back)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition SEL TERAS **PSTD** Delete TITLE TITLE SCOTT DONNELLY HART, DAVID WILLIAM NAME NAME 1007 N. FEDERAL HAY # 214 STREET ADDRESS 1007 N. FEDERAL HIGHWAY, SUITE 214 STREET ADDRESS CITY-ST-ZIP Ft. Lauderdele, FL 33304 CITY-ST-ZIP FORT LAUDERDALE FL 33304 DRES. 🗹 Change ☐ Addition ☐ Delete TITLE TITLE DAVID W- HART NAME NAME 1007. N. Federal HAY # 214 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale, FL 33304 __ Change TITLE Addition TITLE _ Delete_ _ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME

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 true the 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

154-730-0090