

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90394 021 ***150.00

DOCUMENT # *P99000049013*

1. Entity Name

BLACIC GHOST CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 Sombroso Beach Rd.

3. Mailing Address

500 Sombroso Beach Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Marathon FL

City & State

Marathon, FL

4. FEI Number

65-0959838

Applied For

Not Applicable

Zip

33050

Country

monroe

Zip

33050

Country

monroe

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID MANE - ESQ.

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

5800 Overseas Hwy

City

Marathon Florida

FL

Zip Code

33050

**DO NOT WRITE
IN THIS SPACE**

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

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

Kreshpane Dave

STREET ADDRESS

P.O. Box 501324, Marathon FL 33050

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

P Frodema Mary

NAME

153 Nausau Dr

STREET ADDRESS

Springfield MA 01129

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *David Kreshpane* *DAVID Kreshpane*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

305-743-5588

Daytime Phone #

CR2E034B (12/01)