2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

6/11

FILED

03 JUL 31 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000049013

1. Entity Name
BLACK GHOST CORPORATION

Principal Place of Business	Mailing Address
500 SOMBRERO BEACH ROAD MARATHON FL 33050	500 SOMBRERO BEACH ROAD MARATHON FL 33050

2. Principal Place of Business	3. Mailing Address
Marathon FL	500 Sombrero Beach Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Marathon FL	City & State
Zip: 33050 / Country: Monroe	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0959638 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANZ, DAVID L ESQ. 5800 OVERSEAS HIGHWAY MARATHON FL 33050	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRESHPANE, DAVE POST OFFICE BOX 501324 MARATHON FL 33050 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FODEMA, MARY JANE 153 NASSAU DRIVE SPRINGFIELD MA 01129 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________ 4/30/03 305-743-5588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #