

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062028

1. Entity Name  
**BLACKWELL'S TRACTOR SERVICES, INC.**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**  
01-20-2000 90241 038 \*\*\*150.00

Principal Place of Business      Mailing Address  
**764 JUNIPER PLACE**      **764 JUNIPER PLACE**  
**WELLINGTON PLACE FL 33414**      **WELLINGTON PLACE FL 33414-8169**

**A0008313**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>764 Juniper Place</b> Suite, Apt. #, etc.		3. Mailing Address <b>764 Juniper Place</b> Suite, Apt. #, etc.		4. FEI Number <b>65-0932660</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State <b>Wellington, FL</b>		City & State <b>Wellington, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip <b>33414</b>	Country	Zip <b>33414</b>	Country				

6. Name and Address of Current Registered Agent <b>BLACKWELL, ROSEMARY</b> <b>764 JUNIPER PLACE</b> <b>WELLINGTON PLACE FL 33414</b>				7. Name and Address of New Registered Agent Name <b>Rosemary Blackwell</b> Street Address (P.O. Box Number is Not Acceptable) <b>764 Juniper Place</b> <b>Wellington</b> City <b>FL</b> Zip Code <b>33414</b>			
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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 DATE **1-13-00**  
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. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>D</b>	NAME <b>BLACKWELL, ROSEMARY</b>	<input type="checkbox"/> Delete	TITLE <b>P,D</b>	NAME <b>Blackwell, Rosemary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>764 JUNIPER PLACE</b>			STREET ADDRESS <b>764 Juniper Place</b>		
CITY-ST-ZIP <b>WELLINGTON PLACE FL 33414</b>			CITY-ST-ZIP <b>Wellington, FL 33414</b>		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Rosemary Blackwell** **1-13-00** **561-483-7000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)