

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062028

1. Entity Name

BLACKWELL'S TRACTOR SERVICES, INC.

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90013 022 \*\*\*150.00

Principal Place of Business

764 JUNIPER PLACE  
WELLINGTON PLACE FL 33414

Mailing Address

764 JUNIPER PLACE  
WELLINGTON PLACE FL 33414

2. Principal Place of Business

764 Juniper Place

Suite, Apt. #, etc.

Wellington, FL

City & State

3. Mailing Address

764 Juniper Place

Suite, Apt. #, etc.

Wellington, FL

City & State

Zip

33414

Country

USA

Zip

33414

Country

USA

4. FEI Number

65-0932660

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

BLACKWELL, ROSEMARY  
764 JUNIPER PLACE  
WELLINGTON PLACE FL 33414

Name

Blackwell, Rosemary

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

764 Juniper Place

City

Wellington

FL

Zip Code

33414

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME BLACKWELL, ROSEMARY  
STREET ADDRESS 764 JUNIPER PLACE  
CITY-ST-ZIP WELLINGTON PLACE FL 33414

TITLE PD ☒ Change ☐ Addition  
NAME Blackwell, Rosemary  
STREET ADDRESS 764 Juniper Place  
CITY-ST-ZIP Wellington, FL 33414

TITLE S ☐ Delete  
NAME BLACKWELL, ROBERT  
STREET ADDRESS 764 JUNIPER PL  
CITY-ST-ZIP JUNIPER FL 33414

TITLE S ☒ Change ☐ Addition  
NAME Blackwell, Robert  
STREET ADDRESS 764 Juniper Place  
CITY-ST-ZIP Wellington, FL 33414

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosemary Blackwell, President 1/18/01 561-483-7000

Date

Daytime Phone #

CR2E034 (10/00)