

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079720

1. Entity Name  
S.K. BLACK & ASSOCIATES, INC.

Principal Place of Business  
12773 WEST FOREST HILL BLVD. #1209  
WEST PALM BEACH FL 33414

Mailing Address  
12773 WEST FOREST HILL BLVD. #1209  
WEST PALM BEACH FL 33414

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3639797 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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name BLACK, KEVIN  
Street Address (P.O. Box Number is Not Acceptable) 12773 W. FOREST HILL BLVD., #1209  
City WEST PALM BEACH 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 *Kevin Black* KEVIN BLACK 9-10-01  
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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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 D  
NAME BLACK, KEVIN  
STREET ADDRESS 12773 WEST FOREST HILL BLVD. #1209  
CITY-ST-ZIP WEST PALM BEACH FL 33414 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: *Kevin Black* KEVIN BLACK 9-10-01 5617988879  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Sep 13, 2001 8:00 am  
Secretary of State

09-13-2001 90002 036 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)