

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104622

1. Entity Name

BLACK CAT NEWS, INC.

FILED

Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90053 009 ***158.75

Principal Place of Business

Mailing Address

~~115 S. MONROE ST.~~ 1114 H. THOMASVILLE RD.
TALLAHASSEE FL 32303

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TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

1114 H. THOMASVILLE RD.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee FL

4. FEI Number

Applied For

59-3619559

Not Applicable

Zip

Country

Zip

Country

32303

USA

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

DAY, ANGELA

~~115 S. MONROE ST.~~ 1114 H. THOMASVILLE RD.
TALLAHASSEE FL 32303

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.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-01

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: President
NAME: Angela Day
STREET ADDRESS: 1114 H. THOMASVILLE RD.
CITY-ST-ZIP: Tallahassee FL 32303

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

TITLE: Vice-President
NAME: Roger Day
STREET ADDRESS: 1114 H. THOMASVILLE RD.
CITY-ST-ZIP: Tallahassee FL 32303

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

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

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

Date

Daytime Phone #

1-31-01

CR2E034 (10/00)