

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S32601

1. Entity Name

CONTROLLED EXPLOSIVE BLASTING, INC.

Principal Place of Business

2943 VERNON TERRACE, #4  
JACKSONVILLE FL 32205  
US

Mailing Address

P.O. BOX 18098  
BEVERLY HILLS CA 90209-4098

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BLACK, MURRAY D  
2943 VERNON TERRACE, #4  
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name MURRAY D. BLACK

Street Address (P.O. Box Number is Not Acceptable) 2749 VERNON TERRACE

MURRAY BLACK REALTY OFFICE

City JACKSONVILLE

FL Zip Code 32205

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

*Murray D. Black*

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

(NOTE: Registered Agent signature required when reinstating)

1-24-00

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, 2000 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

TITLE DP  
NAME BLACK, MURRAY D  
STREET ADDRESS 100 N DELFERN DR  
CITY-ST-ZIP BELAIR CA ☐ Delete

TITLE D  
NAME BLACK, MARGARET M  
STREET ADDRESS 100 N DELFERN DR  
CITY-ST-ZIP BELAIR CA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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

*MARGARET M. BLACK*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-00 550-1980 (310)

FILED  
Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90023 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2100936

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required