

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90048 035 ***150.00

DOCUMENT # S32601

1. Entity Name
CONTROLLED EXPLOSIVE BLASTING, INC.



Principal Place of Business
~~2043 VERNON TERRACE, #4~~
JACKSONVILLE FL 32205
US

Mailing Address
P.O. BOX 18098
BEVERLY HILLS CA 90209



2. Principal Place of Business
JACKSONVILLE
Suite, Apt. #, etc.

3. Mailing Address
SAME AS ABOVE
Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

City & State

4. FEI Number **59-2100936**

Applied For
Not Applicable

Zip **32202** Country **USA**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BLACK, MURRAY D
2749 VERNON TERRACE
MURRAY BLACK REALTY OFFICE
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name **MURRAY D. BLACK**
Street Address (P.O. Box Number is Not Acceptable) **1 E. BAY ST. #408**
City **JACKSONVILLE FL** Zip Code **32202**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Murray D. Black* **MURRAY D. BLACK**

2-3-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Murray D. Black* **MURRAY D. BLACK** **2-3-03** **310.550.1980**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)