

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S98365

1. Entity Name

BLACKHAWK PROPERTIES, INC.

FILED

Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90060 036 ***150.00

Principal Place of Business
3563 COMMERCIAL WAY
B
SPRING HILL FL 34606

Mailing Address
4344 RACHEL BLVD
SPRING HILL FL 34606-3332
US



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
6406 Lost Tree Lane
Suite, Apt. #, etc.

City & State
Spring Hill, Florida

City & State
Spring Hill, Florida

Zip
34606

Country
US

4. FEI Number 59-3094274

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

BECK, JERRY E.
4344 RACHEL BLVD
SPRING HILL FL 34607

Name
Street Address (P.O. Box Number is Not Acceptable)
6406 Lost Tree Lane
City Spring Hill FL Zip Code 34606

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DP BECK, JERRY E. 4344 RACHEL BLVD SPRING HILL FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6406 Lost Tree Lane Spring Hill, FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST BECK, MONA S 4344 RACHEL BLVD SPRING HILL FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6406 Lost Tree Lane Spring Hill, FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mona S. Beck - Mona S. Beck 2/15/2000 332-666-4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)