

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90144 034 ***150.00

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DOCUMENT # V01424

1. Entity Name
BLACK TIP, INC.



Principal Place of Business
**2696 JEWEL RD
BELLEAIR BEACH FL 33770
US**

Mailing Address
**2696 JEWEL RD
BELLEAIR BEACH FL 33770
US**

2. Principal Place of Business
2992 RENATTA DR.

3. Mailing Address
2992 RENATTA DR.

Suite, Apt. #, etc.
Belleair Bluffs.

Suite, Apt. #, etc.
Belleair Bluffs

City & State
FL

City & State
FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3096429

Applied For
☐ Not Applicable

Zip
33770

Country
Pi-nell-as

Zip
33770

Country
Pi-nell-as

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

**CRISLER, BOYD
2696 JEWEL RD
BELLEAIR BEACH FL 33770**

Name
Crisler, Boyd

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

2992 RENATTA DR.

City
Belleair Bluffs

FL

Zip Code
33770

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

Will Boyd

4/21/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
CRISLER, BOYD
2696 JEWEL RD
BELLEAIR BEACH FL 33770** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
Crisler, Boyd
2992 RENATTA DR.
Belleair Bluffs, FL 33770** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

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

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:

Will Boyd **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/03

727 365 0076

CR2E034 (10/02)