

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90012 045 \*\*\*150.00

**DOCUMENT # V53615**

1. Entity Name

**BLACKHAWK CONSTRUCTION OF SOUTHWEST FLORIDA, INC**

Principal Place of Business

Mailing Address

10306 SW JERNIGAN STREET  
 ARCADIA FL 34266  
 US

10306 SW JERNIGAN ST.  
 ARCADIA FL 34266-5941  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0346941**

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

**IZZO, JOHN P.**  
**180 N. INDIANA AVE.**  
**ENGLEWOOD FL 34223**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FRIEND, GARY LEE</b>	
STREET ADDRESS	<b>10306 SW JERNIGAN ST.</b>	
CITY-ST-ZIP	<b>ARCADIA FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>FRIEND, GARY TEDDY II</b>	
STREET ADDRESS	<b>17366 METCALF AVE.</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>FRIEND, GARY LEE</b>	
STREET ADDRESS	<b>10306 SW JERNIGAN ST.</b>	
CITY-ST-ZIP	<b>ARCADIA FL</b>	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with all other changes, with all other changes provided.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mary J. Friend, Pres*

2-4-2000 863-491-003

Date

Daytime Phone #