## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## Jul 15, 2002 8:00 am Secretary of State **DOCUMENT #** P01000043955 05-29-2002 93649 048 \*\*\*150.00 1. Entity Name TRUE BLUE FOREST, INC. Principal Place of Business Mailing Address 97264 6875 ACKERMAN AVE. 6875 ACKERMAN AVE. COCDA FL 32927 COCOA FL 32927 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Numbe City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WIEDORFER, GARY Street Address (P.O. Box Number is Not Acceptable) 6875 ACKERMAN AVE. COCOA FL 32927 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE (9/01) ☐ Chance ☐ Addition NAME WIEDORFER, DEBORAH LEE NAME STREET ADDRESS 6875 ACKERMAN AVE. STREET ADDRESS CR2E034 CITY-ST-ZIP COCOA FL 32927 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME WIEDORFER, GARY STREET ADDRESS 6875 ACKERMAN AVE. STREET ADDRESS CITY-ST-ZIP COCOA FL 32927 CITY-ST-7/P TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP THEF ☐ Delete Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 if changed, or on equation that my name appears in Block 11 or Block 12 if changed, or on equation that my name appears in Block 11 or Block 12 if changed.

FILED