

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90132 045 ***150.00

DOCUMENT # V26369

1. Entity Name
BLUE BEES CORP.



Principal Place of Business
**2070 RINGLING BLVD.
SARASOTA FL 34237**

Mailing Address
**2070 RINGLING BLVD.
SARASOTA FL 34237**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0328733

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

**CAUSEY, OMER S.
2070 RINGLING BLVD.
SARASOTA FL 34237**

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

SIGNATURE

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
☐ Delete	D	NELSON, RICHARD E	5225 HIDDEN HARBOR RD. SARASOTA FL	☐ Change ☐ Addition			
☐ Delete	D	HERB, F. STEVEN	5820 RIEGEL'S HARBOR RD. SARASOTA FL	☐ Change ☐ Addition			
☐ Delete	D	DOOLEY, WILLIAM A	1333 LADUE LANE SARASOTA FL	☐ Change ☐ Addition			
☐ Delete	D	CAUSEY, OMER S	854 SANDY NOOK ST. SARASOTA FL	☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ 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:

SIGNATURE REQUIRED

02/21/03

941-366-7550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)