

04-23-2002 90428 042 ***150.00

DOCUMENT #

1. Entity Name

BLUE CHIP CONTRACTING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 15630 McGregor Blvd.

3. Mailing Address
 Same

Suite, Apt. #, etc.
 102

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Ft. Myers, FL

City & State

4. FEI Number
 65 0843350

Applied For
 Not Applicable

Zip
 33908

Country
 Lee

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
 Stephen A. Sica

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

11923 King James Court

Cape Coral, FL

FL

Zip Code
 33991

DO NOT WRITE IN THIS SPACE

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 reappointing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
 (See criteria on back)

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
 President / Treasurer
NAME
 Stephen A. Sica
STREET ADDRESS
 11923 King James Ct.
CITY-ST-ZIP
 Cape Coral, FL 33991

TITLE
 V. Pres. / Secretary
NAME
 Walter J. Peplowski
STREET ADDRESS
 15630 McGregor Blvd. # 102
CITY-ST-ZIP
 Ft. Myers, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen A. Sica

4.11.02

Date

941 437 8500

Daytime Phone #

CR2E034B (12/01)

Attachment # F89051/637159

NOTE:
ADDRESS
CHANGE