2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachn

SIGNATURE:

s, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 26, 2001 8:00 am Secretary of State **DOCUMENT # 667701** 1. Entity Name SPEEDY BLUE, INC. 03-26-2001 90014 045 ***150.00 Principal Place of Business Mailing Address 550 10TH STREET, NORTH 550 10TH STREET, NORTH NAPLES FL 34102 NAPLES FL 34102 **CODBIDOR** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1994593 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HIGGINS, JOHN R. Street Address (P.O. Box Number is Not Acceptable) 550 10TH STREET, NORTH NAPLES FL 34102 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PST ☐ Change ☐ Addition TITLE ☐ Delete HIGGINS, JOHN NAME NAME 4330 THIRD N.W. STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition HIGGINS, JOHN NAME 4330 THIRD N.W. STREET ADORESS STREET ADDRESS NAPLES FL -CITY-ST-ZIP-CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS 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 symplemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

JOHN R. HIGGINS