

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F00000005715

1. Entity Name
BLUEPOINT DATA, INC.



FILED

04 SEP 28 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6633 NW 25TH TERRACE
BOCA RATON, FL 33496 US

Mailing Address

6633 NW 25TH TERRACE
BLDG A0200
BOCA RATON, FL 33496 US

2. Principal Place of Business

1200 N. Federal Hwy.
Suite 200

3. Mailing Address

6633 NW 25th Terrace

09152004

Chg-P

CR2E034 (10/03)

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33432

Country

Zip

33496

Country

4. FEI Number

65-1038177

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SACHSM SAX & KLEIN, PA
SUITE 4150 NORTHERN TRUST PLAZA
301 YAMATO ROAD
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CFO
NAME KISTLER, VANCE
STREET ADDRESS 6633 NW 25TH TERR
CITY-ST-ZIP BOCA RATON, FL 33496

☐ Delete

TITLE CEO
NAME SUTCLIFFE, IAN
STREET ADDRESS 6633 NW 25TH TERR
CITY-ST-ZIP BOCA RATON, FL 33431

☒ Delete

TITLE P
NAME SACHSE, PAUL
STREET ADDRESS 6633 NW 25TH TERR
CITY-ST-ZIP BOCA RATON, FL 33431

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

900041948189
10/18/04--01007--016 **\$1.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

Vance Kistler

9/22/04 (561) 998-5599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #