FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90150 040 ***158.75

DOCUMENT # F82207

1. Entity Name

AZUREA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PO BOX 561178	PO BOX 561178
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Rockledge, FL	City & State: Rockledge, FL
Zip: 32956 Country: USA	Zip: 32956 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2193333 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DEBUSK, THOMAS

Street Address (P.O. Box Number is Not Acceptable): 3208 WESTCHESTER DRIVE

City: COCOA FL Zip Code: 32926

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP
NAME	DEBUSK, THOMAS A
STREET ADDRESS	3208 WESTCHESTER DRIVE
CITY-ST-ZIP	COCOA, FL 32926
TITLE	DS
NAME	DEBUSK, SUZANNE B
STREET ADDRESS	3208 WESTCHESTER DRIVE
CITY-ST-ZIP	COCOA, FL 32926
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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: Thomas A. DeBusk THOMAS A. DEBUSK 4/16/02 321-631-0610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #