

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000244

1. Entity Name

BLUEPRINT, INC.

Principal Place of Business

5519 GALL BLVD.
ZEPHYRHILLS FL 33541
US

Mailing Address

5280 AZALEA CIRCLE
RIDGE MANOR FL 33523-6828

2. Principal Place of Business

1029 Howell Ave
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Zip

34001

Country

Hernando

Country

4. FEI Number

31-0599420

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, FREDERICK J
5280 AZALEA CIRCLE
RIDGE MANOR FL 33525

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
COPT
MITCHELL, JOANNE L
5280 AZALEA CIRCLE
RIDGE MANOR FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCVP
MITCHELL, FREDERICK J
5280 AZALEA CIRCLE
RIDGE MANOR FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frederick J. Mitchell (Frederick J. Mitchell)

2-7-00

352-583-575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90104 023 ***150.00



DO NOT WRITE IN THIS SPACE