## 2002 Uniform Business Report (UBR)

## Mar 28, 2002 8:00 am Secretary of State DOCUMENT # F93000000244 1. Entity Name 03-28-2002 90021 044 \*\*\*150.00 BLUEPRINT, INC. Principal Place of Business Mailing Address 5519 GALL BLVD. 5280 AZALEA CIRCLE ZEPHYERHILLS FL 33541 RIDGE MANOR FL 33525 2. Principal Place of Business 3. Mailing Address 5820 AZALEA CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc.; DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 31-0599420 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MITCHELL, FREDERICK J Street Address (P.O. Box Number is Not Acceptable) **5280 AZALEA CIRCLE RIDGE MANOR FL 33525** Zip Code FI 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 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, 2002 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE CDPT ☐ Delete TITLE MITCHELL, JOANNE L NAME NAME STREET ADDRESS **5280 AZALEA CIRCLE** STREET ADDRESS CITY-ST-ZIP RIDGE MANOR FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DCVP MITCHELL, FREDERICK J STREET ADDRESS **5280 AZALEA CIRCLE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIDGE MANOR FL TITLE Delete: TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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), Fiorida 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.