

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006195

1. Entity Name

BLUE DOT SERVICES INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90028 031 ***150.00

Principal Place of Business

13680 NW 5TH STREET
STE 200
SUNRISE FL 33325
US

Mailing Address

13680 NW 5TH STREET
STE 200
SUNRISE FL 33325-6223
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-1880348

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LEWIS, MERLE 125 SOUTH DAKOTA AVENUE SUITE 1100 SIOUX FALLS SD 57104-6403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HYLLAND, RICHARD R 125 SOUTH DAKOTA AVENUE SUITE 1100 SIOUX FALLS SD 57104-6403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD JOHNSON, PATRICK L 13680 NW 5TH ST STE 200 SUNRISE FL 33325-6223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV MINTZ, ALAN J 13680 NW 5TH ST STE 200 SUNRISE FL 33325-6223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCTS PAPADAKIS, JOAN 13680 NW 5TH ST STE 200 SUNRISE FL 33325-6223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD MICHELSON, G M 125 SOUTH DAKOTA AVENUE SUITE 1100 SIOUX FALLS SD 57104-6403	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S SNIDER, MARK D. 13680 NW 5TH STREET, SUITE 200 SUNRISE, FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV CANNON, MARC G. 13680 NW 5TH STREET, SUITE 200 SUNRISE, FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO/D JOHNSON, PATRICK L. 13680 NW 5TH STREET, SUITE 200 SUNRISE, FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOLLAUN, DANIEL L. 13680 NW 5TH STREET, SUITE 200 SUNRISE, FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/AS PAPADAKIS, JOAN 13680 NW 5TH STREET, SUITE 200 SUNRISE, FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT/D NEWELL, DANIEL K. 125 S. DAKOTA AVE, SUITE 1100 SIOUX FALLS, SD 57104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

Mark D. Snider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/2000
Date

954 825-1800
Daytime Phone #

CR2E034 (9/99)

#F97000006195

ATTACHMENT

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DIETRICH, ALAN D. 125 S. DAKOTA AVE, SUITE 1100 SIOUX FALLS, SD 57104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BACHMAN, SUSAN ANDERSON 125 S. DAKOTA AVE, SUITE 1100 SIOUX FALLS, SD 57104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAW, PETER W. 13680 NW 5 TH STREET, SUITE 200 SUNRISE, FL 33325 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIDOMENICO, JAIME V. 13680 NW 5 TH STREET, SUITE 200 SUNRISE, FL 33325 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition