

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91479 004 ***150.00

DOCUMENT # F97000006195

1. Entity Name
BLUE DOT SERVICES INC.



Principal Place of Business
**125 S. DAKOTA AVENUE
SUITE 1100
SIOUX FALLS SD 57104
US**

Mailing Address
**13680 N.W. 5TH ST.
STE. 200
SUNRISE FL 33325**



2. Principal Place of Business

3. Mailing Address

125 S. Dakota

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Sioux Falls, S.D.

4. FEI Number

41-1880348

Applied For

Not Applicable

Zip

Country

Zip

Country

57104

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Chairman
Gary Dook
125 S. Dakota Ave
Sioux Falls, SD 57104** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
HYLLAND, RICHARD R
125 SOUTH DAKOTA AVENUE SUITE 1100
SIOUX FALLS SD 57104-6403** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCED
NEWELL, DANIEL K
125 S. DAKOTA AVENUE, SUITE 1100
SIOUX FALLS SD 57104** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SV
MINTZ, ALAN J
125 S. DAKOTA AVENUE, SUITE 1100
SIOUX FALLS SD 57104** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFOD
KENNEDY, ROBERT E
125 S. DAKOTA AVENUE, SUITE 1100
SIOUX FALLS SD 57104** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
SNIDER, MARK D
125 S DAKOTA AVE, STE 1100
SIOUX FALLS SD 57104** ☐ Delete

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:

Robert E. Kennedy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert E. Kennedy 4/25/03 605-978-2908

CR2E034 (10/02)