## 0360496 A\

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

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

STREET ADDRESS

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TITLE

NAME STREET ADDRESS

TITLE

NAME

125 S. DAKOTA AVENUE STE 1100

SIOUX FALLS SD 57104

|   | IFUR                          | IN POSIME  | 33  | <u>nerun</u>          | i (Ubi   | n)               |  | Apr 20, 2   | 4UUJ            | 0.0          | v am            |  |
|---|-------------------------------|--|---|-----------------------|--|------------------|--|---|-----------------|--------------|-----------------|--|
| DOCUMENT # F9900006718  1. Entity Name BLUE DOT PROPERTIES, INC.                          |                               |  |   |                       |  |                  |  | <b>Secreta</b><br>04-28-2003 9                      | ry o            | f Sta        | ate             |  |
| Principal Place of Business<br>125 S. DAKOTA AVENUE<br>SUITE 1100<br>SIOUX FALLS SD 57104 |                               |  | Mailing Address<br>13680 N.W. 5TH ST.<br>STE. 200<br>SUNRISE FL 33325 |                       |  |                  |  |   |                 |              |                 |  |
| 2. Principal Place of Business  |                               |  | 3. Mailing Address 125 S. Dakota Ave                                  |                       |  |                  | I INGII ND 11160 IN 1160 ANII DOLII DOLII            | I WELLE BELLE ES                                    | IAM MATRI AMAMA |              |                 |  |
| Suite, Apt.   | #, etc.                       |  | Suite, Apt. #, etc.   |                       |  |                  | CHECK HERE IF MAKING CHANGES                         |   |                 |              |                 |  |
| City & State  |                               |  | Sioux Falls. S.   |                       |  |                  | 4. FEI Number 36-4335334 Applied For Not Applied For |   |                 | <del></del>  |                 |  |
| Zip   |                               | Country  | Zip   | 104                   | Country  |                  | 5. Certi   | ficate of Status Desired                            |                 | 8.75 Add     | ditional        |  |
|   | 6. Name                       | and Address of Current F   | tegistere   | d Agent               |  | -                | _7. Name   | e and Address of New Re                             | gistered Aç     | ent          | +               |  |
| C T CORPORATION SYSTEM  |                               |  |   |                       | Nam  | Name             |  |   |                 |              |                 |  |
| 1200 SOUTH PINE ISLAND ROAD   |                               |  |   |                       | Street Address (P.O. Box Number is Not Acceptable) |                  |  |   |                 |              |                 |  |
| PLANTATION FL 33324   |                               |  |   |                       |  |                  |  |   |                 |              |                 |  |
| 1   |                               |  |   |                       | City   |                  | FL Zip Code  |   |                 |              |                 |  |
|   | named entit<br>tions of regis | y submits this statement for<br>ered agent.                        | the purpo   | ose of changing its r | egistered office                                   | or registere     | ed agent, o  | or both, in the State of Flori                      | da. I am fa     | miliar with, | and accept      |  |
| SIGNATURE   | Signature, typed              | or printed name of registered agent an                             | nd title if appl  | icable. (NOTE:        | Registered Agent sig                               | gnature required | when reinstati                                       | ng)   | DATE            |              | <del>_</del> _  |  |
| Afte  | r May 1, 20                   | FEE IS \$150.00<br>3 Fee will be \$550.00<br>Florida Department of | State   |                       |  | <del></del>      |  | Election Campaign Fina     Trust Fund Contribution. |                 |              | <b>0</b> May Be |  |
| 10.   |                               | OFFICERS AND D   | DIRECTOR  | RS                    | 11.  |                  | ADDITI   | ONS/CHANGES TO OFFIC                                | ERS AND D       | DIRECTOR     | S IN 11         |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                               | DANIEL K<br>IKOTA AVENUE, SUITE<br>LLS SD 57104                    | 1100  | Delete                | TITLE NAME STREET ADDRES CITY-ST-ZIP               | SS               |  |   | 1               | □ Change     | Addition        |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                               | MARK D<br>IKOTA AVENUE, SUITE<br>LLS SD 57104                      | 1100  | ☐ Delete              | TITLE NAME STREET ADDRES CITY-ST-ZIP               | SS               |  |   |                 | Change       | ☐ Addition      |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | 125 S. DA                     | , robert e<br>Ikota avenue, suite<br>LLS SD 57104                  | 1100  | . Delete              | TITLE.  NAME  STREET ADDRES  CITY-ST-ZIP           | ĺ                | -  | s eren de la come                                   | (               | Change       | ☐ Addition      |  |
| TITLE NAME .  | AS<br>DIETRICH                | ALAN D   |   | ☐ Delete              | TITLE<br>NAME                                      |                  |  |   |                 | 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.

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