

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2000 8:00 am  
Secretary of State

04-17-2000 90033 009 \*\*\*150.00

DOCUMENT # G26906

1. Entity Name

BLUE CHIP TOOL OF FLORIDA, INC.

Principal Place of Business

Mailing Address

~~5959 NOB HILL RD~~  
~~SUNRISE FL 33065~~

~~5959 NOB HILL RD~~  
~~SUNRISE FL 33077-1702~~

2245 NW 35th St  
Coral Springs, FL 33065

12245 N.W. 35th St  
Coral Springs, FL 33065

2. Principal Place of Business

12245 N.W. 35th St  
Suite, Apt. #, etc.

3. Mailing Address

12245 N.W. 35th St  
Suite, Apt. #, etc.

City & State

Coral Springs, FL  
Zip 33065 Country US

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Coral Springs, FL  
Zip 33065 Country US

4. FEI Number

59-2259877

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~RAVER, MAX G~~  
~~5959 NOB HILL RD~~  
~~SUNRISE FL 33351~~

7. Name and Address of New Registered Agent

Name Andrew N. Raver

Street Address (P.O. Box Number is Not Acceptable)  
12245 N.W. 35th St

City Coral Springs, FL Zip Code 33065

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

4-6-00

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	DELETE
PD	<del>RAVER, MAX G</del>	<del>5959 NOB HILL RD</del>	<del>SUNRISE FL 33351</del>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PN	Andrew N. Raver	12245 N.W. 35th St	Coral Springs, FL 33065	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-00 954-575-1927

CR2E034 (9/99)