

# 2000 UNIFORM BUSINESS REPORT (UBR)

10F2

DOCUMENT # J66650

1. Entity Name  
BLUE DAWN, INC.

FILED

00 JUL 27 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
41444 STATE RD. 19 N  
UNIT # 7  
UMATILLA FL 32784-3257

Mailing Address  
41444 STATE RD. 19 N  
UNIT # 7  
UMATILLA FL 32784-3257



2. Principal Place of Business  
41444 ST Rd 19N

3. Mailing Address  
41444 ST Rd 19N

Suite, Apt. #, etc.  
Unit 7

Suite, Apt. #, etc.  
Unit 7

City & State  
UMATILLA, FL

City & State  
UMATILLA, FL

Zip  
32784

Country  
USA

DO NOT WRITE IN THIS SPACE  
015100 90002 012 \$150.00

4. FEI Number 59-2816406  
Applied For  
Not Applicable

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

KELLY LAURA  
41444 STATE RD. 19 N  
UNIT # 7  
UMATILLA FL 32784

Name KELLY LAURA  
Street Address (P.O. Box Number is Not Acceptable)  
41444 ST. RD 19 N  
Unit 7  
City UMATILLA FL Zip Code 32784

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 *Sharon M. Kelley* 720-00  
(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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	P	<input type="checkbox"/> Delete
NAME	HARPER, KARL	
STREET ADDRESS	1480 NOVAD	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KELLEY, LAURA	
STREET ADDRESS	41444 STATE RD. 19 N UNIT # 7	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER KARL	
STREET ADDRESS	1480 NOVAD	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, LAURA	
STREET ADDRESS	41444 ST. RD 19 N UNIT # 7	
CITY-ST-ZIP	UMATILLA, FL 32784	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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), 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: *Sharon M. Kelley* 720-00 32-669-1022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

We never Received  
a 1st copy of  
The UBR.

Thank-you  
Laura Kelly.