

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K72347

1. Entity Name

BLURUF CORP.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90073 035 \*\*\*150.00

Principal Place of Business

Mailing Address

18501 MURDOCK CIRCLE #401  
PORT CHARLOTTE FL 33948

18501 MURDOCK CIRCLE #401  
PORT CHARLOTTE FL 33948-1066

2. Principal Place of Business

22286 VICK ST

3. Mailing Address

22286 VICK ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CHARLOTTE HARBOR FL

City & State

CHARLOTTE HARBOR FL

4. FEI Number

65-0120762

Applied For

Not Applicable

Zip

33980

Country

USA  
CHARLOTTE

Zip

33980

Country

USA  
CHARLOTTE

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

FEHR, JEFFREY

18501 MURCOCK CIR, STE 401 SUNBANK CENTER  
PORT CHARLOTTE FL 33948

Name

Street Address (P.O. Box Number is Not Acceptable)

22286 VICK ST

City

CHARLOTTE HARBOR

FL

Zip Code

33980

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.

JEFFREY FEHR

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/2000

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  
DPS  
FEHR, JEFFREY  
1805 MURCOCK CIR, STE 401 SUNBANK CENTER  
PORT CHARLOTTE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
22286 VICK ST  
CHARLOTTE HARBOR FL 33980

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
FEHR, RONALD  
617 FURROWS ROAD  
HOLYSVILLE NY

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE REQUIRED JEFFREY FEHR

Date

2/2/00

Daytime Phone #

941-659-7726

CR2E034 (9/99)