

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State
 03-03-2002 90085 032 ***150.00

FORM 2 AT

DOCUMENT # L07357

1. Entity Name
MOTOR VESSEL BLUE RUNNER, INC.

Principal Place of Business

**1624 GROUPE AVE
 PORT SAINT JOE FL 32456**

Mailing Address

**P. O. BOX 309
 PORT SAINT JOE FL 32456**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3060250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

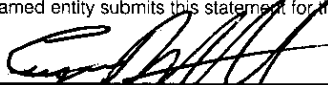
6. Name and Address of Current Registered Agent

**RAFFIELD, CARL EUGENE SR
 CANAL STREET
 HIGHLAND VIEW
 PORT SAINT JOE FL 32456**

7. Name and Address of New Registered Agent

Name
EUGENE RAFFIELD
 Street Address (P.O. Box Number is Not Acceptable)
1624 GROUPE AVENUE
PORT ST. JOE
 City **FL** Zip Code **32456**

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  **EUGENE RAFFIELD** **02/20/02**
Signature, typed or printed name of registered agent and title if applicable. (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 \$150.00
After May 1, 2002 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 **D** ☒ Delete
 NAME **RAFFIELD, CARL EUGENE SR.**
 STREET ADDRESS **CANAL ST. HIGHLAND VIEW**
 CITY-ST-ZIP **PORT ST JOE FL**

TITLE **D** ☐ Delete
 NAME **RAFFIELD, EUGENE**
 STREET ADDRESS **CANAL DRIVE HIGHLAND VIEW**
 CITY-ST-ZIP **PORT SAINT JOE FL 32456**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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:  **EUGENE RAFFIELD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/02

Date

(850) 229-8229

Daytime Phone #

CR2E034 (9/01)