

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000001881**

1. Entity Name

BLUZ COMMUNICATIONS, INC.**FILED**
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90128 017 ***150.00

002026

Principal Place of Business 2068 MAGNOLIA ROAD #4 ORANGE PARK FL 32065	Mailing Address POST OFFICE BOX 16952 JACKSONVILLE FL 32245-6952
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4339069

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

GOLMONT, KRISTAN M**2068 MAGNOLIA ROAD #4
ORANGE PARK FL 32065**

Name

Street Address (O. Box Number is Not Acceptable)

1589 S.W. Dyer Pt. Rd.

City

PAIM City

FL

34990

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

Kristan M. Holt**4-9-01**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	PVST GOLMONT, KRISTAN M 2968 MAGNOLIA ROAD #4 ORANGE PARK FL 32065	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLMONT, KRISTAN M 2968 MAGNOLIA ROAD #4 ORANGE PARK FL 32065	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Kristan M. Holt**Kristan M Golmont****4-9-01 9049452259**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)