

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000021354

1. Entity Name

BLUE E ASSOCIATES INC.

FILED

01 MAY 18 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7735 Granville Dr  
TAMARAC, FL  
33321

7735 Granville Dr  
TAMARAC, FL  
33321

2. Principal Place of Business

3. Mailing Address

7735 Granville Dr  
Suite, Apt. #, etc.

7735 Granville Dr  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

TAMARAC FL

TAMARAC FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

33321 USA

33321 USA

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

BUSINESS FILINGS INC  
1 EAST BROWARD BLVD  
Suite 700  
FT LAUDERDALE FL 33301

Name DAVID SHAW  
Street 7735 Granville DR.  
TAMARAC FL  
City TAMARAC FL Zip Code 33321

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]*

4-2-01

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 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 PRESIDENT  
NAME DONNA B. BLUE  
STREET ADDRESS 7735 Granville Dr  
CITY-ST-ZIP TAMARAC, FL 33321 ☐ Delete

TITLE SECRETARY  
NAME ISABEL M. BLUE  
STREET ADDRESS 1210 Chandler Rd  
CITY-ST-ZIP HUNTSVILLE, AL 35801 ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

400004272034--8  
-05/18/01-01121--001  
\*\*\*\*150.00 \*\*\*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
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

TITLE  
NAME  
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]* DONNA BLUE

4-2-01

954-336-7951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)