2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037184 Amended

1. Entity Name St. Lucie Blues Inc

FILED
01 NOV 26 PM 5:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
338 S E Port St Lucie Blvd. Port St. Lucie FL 34984	- Same -

2. Principal Place of Business	3. Mailing Address
338 S E Port St Lucie BLVD.	338 S E Port St Lucie Blvd
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Port St Lucie FL	City & State: Port St Lucie FL
Zip: 34984 Country: USA	Zip: 34984 Country: USA

4. FEI Number: 65-0996753 ☐ 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
Donald Boswell C/O Akers + Boswell P.A 2875 S OCEAN Blvd Suite 200 Palm Beach FL 33480	Name: LLOYD A ENNIS Street Address (P.O. Box Number is Not Acceptable): 797 SE Hidden River Dr. City: Port St Lucie FL Zip Code: 34984

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] Nov 21 2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Barbara J Love 757 SE Hidden River Dr. Port St Lucie FL. 34983 (Office/Director) ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OFFICER, DIRECTOR LLOYD A ENNIS 797 SE Hidden River Dr. Port St Lucie FL 34983 ☐ 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	000004701600---1 -12/03/01--01027--020 *****87.50 ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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] LLOYD A. ENNIS Nov 21 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #