

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90142 013 \*\*\*150.00

**DOCUMENT # P00000049304**

1. Entity Name  
**ORGANIC BLUES, INC.**



Principal Place of Business  
1621 S.E. 15TH STREET  
GAINESVILLE, FL 33509

Mailing Address  
P.O. BOX 888  
BRANDON, FL 33509

2. Principal Place of Business  
**1621 S.E. 15th STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
**1621 S.E. 15th STREET**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**GAINESVILLE, FL.**

City & State  
**GAINESVILLE, FL.**

Zip  
**32641**

Zip  
**32641**

Country

Country

4. FEI Number  
**65-1044979**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**TOMPKINS, H. CHRISTOPHER II**  
**1760 S. KINGS AVE.**  
**BRANDON, FL 33611-6216**

7. Name and Address of New Registered Agent  
Name  
**JEFF ZIECHECK**  
Street Address (P.O. Box Number is Not Acceptable)  
**1621 SE 15th ST.**  
City  
**GAINESVILLE** FL Zip Code  
**32641**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jeff Ziecheck* **JEFF ZIECHECK, PRESIDENT** **4/3/03**  
Signature of person named in Block 7 and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIECHECK, JEFF		NAME	JEN DODD	
STREET ADDRESS	707 N.W. 20TH STREET		STREET ADDRESS	1621 SE. 15th STREET	
CITY-ST-ZIP	GAINESVILLE, FL 32603		CITY-ST-ZIP	GAINESVILLE, FL. 32641	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMPKINS, H. CHRISTOPHER II		NAME		
STREET ADDRESS	1706 S. KINGS AVE.		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33611-6216		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDRICK, LAWRENCE		NAME		
STREET ADDRESS	1621 S.E. 15TH STREET		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32641		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROSPECT, SCOTT		NAME		
STREET ADDRESS	10104 BENBROCK COURT		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33616		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIZZO, THERESA		NAME		
STREET ADDRESS	1621 SE 15TH ST		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32641		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeff Ziecheck* **JEFF ZIECHECK** **4/3/03** **352-336-1112**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)