

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050163

1. Entity Name

BLUEDON, INC.

Principal Place of Business

4230 CRAYTON ROAD
NAPLES FL 34103

Mailing Address

4230 CRAYTON ROAD
NAPLES FL 34103

2. Principal Place of Business

802 Anchor Rode Drive

Suite, Apt. #, etc.

3. Mailing Address

802 ANCHOR RODE DRIVE

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

NALES FL

Zip

34103

Country

Zip

34103

Country

4. FEI Number

59-3648296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, MICHAEL G
C/O PARRISH, WHITE, LAWHON & MOORE, P.A.
2171 PINE RIDGE ROAD STE D
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

Malcolm Bluemel

Street Address (P.O. Box Number is Not Acceptable)

802 Anchor Rode Drive

City

Naples

FL

Zip Code
34103

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, 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

TITLE ☐ Delete
NAME D
STREET ADDRESS BLUEMEL, MALCOLM
CITY-ST-ZIP 4230 CRAYTON ROAD
NAPLES FL 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90171 031 ***150.00

C0046070



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)