2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
04-12-2001 90171 031 ***150.00

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DOCUMENT # P00000050163

1. Entity Name

BLUEDON, INC.

Principal Place of Business	Mailing Address
4230 CRAYTON ROAD NAPLES FL 34103	4230 CRAYTON ROAD NAPLES FL 34103

C0046070

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
802 Anchor Rode Drive	802 ANCHOR RODE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: NAPLES 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	7. Name and Address of New Registered Agent
MOORE, MICHAEL G C/O PARRISH, WHITE, LAWHON & MOORE, P.A. 2171 PINE RIDGE ROAD STE D NAPLES FL 34109	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: MALCOLM BLUEMEL DATE: 4/4/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D BLUEMEL, MALCOLM 4230 CRAYTON ROAD NAPLES FL 34103	☐ 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
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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: _____ 6/4/01 941-262-1874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)