## 2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)							FILED Jul 15, 2003 8:00 am Secretary of State			
1. Entity Nar	IMENT IIA BLUE,		08000	779 (	D /			07-15-2003 90021		
Principal Place 1809 W PLAT TAMPA FL 33		,	1809 W	Mailing Address 1809 W PLATT ST TAMPA FL 33611						
Principal Place of Business     3. Mailing Address									08181 18111 88111 188	IS IMBID IDII SBU
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City &	City & State			4. FEI 1	Number <b>59-3667568</b>	F+	Applied For Not Applicable
Zip		Country	Zip		Country			ificate.of Status Desired -	<b>\$8.75</b> . A Fee Requi	
6. Name and Address of Current Registered Agent  GOLDEN, EMILY K  4725 BAY VISTA AVE W  TAMPA FL 33611						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)				
					City			_ <del></del>	FL Zip Co	
8. The above the obligat	e named entity tions of registe	submits this statement for ered agent.	r the purpose	e of changing its re	egistered office	or registere	ed agent,	or both, in the State of Florida. I	am familiar with	n, and accept
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicat	ple. (NOTE;	Registered Agent sign	nature required	when reinstat	ing) D/	ATE	<b></b> ]
After Se	ptember 10,	FEE IS \$550.00 2003 Fee will be \$750 Florida Department o						Election Campaign Financing     Trust Fund Contribution.		00 May Be ed to Fees
10.	L=:/1	OFFICERS AND	DIRECTORS		11.	<del></del>	ADDITI	ONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	GOLDEN, 4725 BAY TAMPA FL	VISTA AVE W		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S			☐ Change	☐ Addition
TITLE ( NAME STREET ADDRESS CITY-ST-ZIP	GOLDEN, 4725-BAY TAMPA-FL	EMILY GRESS VISTA AVE W 18 33811 197	ANIST BNOAM	Delete ASSISTRA 334,62	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5	-		☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		(	<i> </i>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		<u>-</u>		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	,		•	☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	Addition

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 informatic 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 direct 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 in changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

Daytime Phone #

P. O. BOX 4562 TAMPA, FLORIDA 33677

P.J.T.

JULY 9TH, 2003

STATE OF FLORIDA DIVISION OF CORPORATIONS P. O. BOX 6327 TALLAHASSEE, FLORIDA 32314

> RE: GARDENIA BLUE INC. P00000080779

DEAR SIR:

PLEASE BE ADVISED THAT THE TAXPAYER ABOVE REFERENCED WAS NOT MAILED, OR DID NOT RECEIVE THE UBR FORM FOR RENEWAL OF THEIR CORPORATION. AFTER SPEAKING TO YOUR REPRESENTATIVE, I WAS INSTRUCTED TO SEND THIS LETTER STATING THAT FACT ALONG WITH A SIGNED FORM AND A CHECK IN THE AMOUNT OF \$150.00

THANK YOU FOR YOUR COOPERATION AND UNDERSTANDING IN THIS MATTER, I REMAIN,

SINCERELY

P. J. TESTA ACCOUNTANT

CC; GREG ANASTASAS
PRESIDENT GARDENIA BLUE, INC.