

2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-06-2001 90060 028 ***150.00

DOCUMENT # P00000096986

1. Entity Name
BLUEFISH MARKETING, INC.

Principal Place of Business
**222 CLEMATIS ST., STE. 207
WEST PALM BEACH FL 33401**

Mailing Address
**222 CLEMATIS ST., STE. 207
WEST PALM BEACH FL 33401**

2. Principal Place of Business
AS ABOVE
Suite, Apt. #, etc.

3. Mailing Address
AS ABOVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

65-1075947

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

**SIMS, STEPHEN D
222 CLEMATIS ST., STE. 207
WEST PALM BEACH FL 33401**

Name

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

City

FL

Zip Code

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	D	<input type="checkbox"/> Delete
NAME	SIMS, STEPHEN D	
STREET ADDRESS	222 CLEMATIS ST., STE. 207	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	DIRECTOR OF MOTORSPORT MARKETING	<input type="checkbox"/> Delete
NAME	JUSTIN BELL	
STREET ADDRESS	174 PIESTA WAY, FT LAUDERDALE	
CITY-ST-ZIP	FLORIDA 33301	
TITLE	DIRECTOR OF GRAPHIC ART + DESIGN	<input type="checkbox"/> Delete
NAME	AL QOD	
STREET ADDRESS	1540 EUCLIO AVE, 103 MIAMI BEACH	
CITY-ST-ZIP	MIAMI, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (10/00)