

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000022216**

1. Entity Name
BLUEPRINT FOR MARKETING INC.



Principal Place of Business
1169 99TH ST
BAY HARBOR ISLANDS FL 33154

Mailing Address
1169 99TH ST
BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

City & State
Zip **Country** Zip **Country**

4. FEI Number 65-1081851	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

**KLEIN, ROBERTA
1169 99TH ST
BAY HARBOR ISLANDS FL 33154**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **P** Delete
NAME **JKEUB, RIBERTA**
STREET ADDRESS **1169 99TH STREET**
CITY-ST-ZIP **BAY HARBOR ISLANDS FL 33154**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE Delete
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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: **SI Roberta Klein**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03

Date

Daytime Phone #

CR2E034 (10/02)