

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91526 007 ***150.00

DOCUMENT # P01000063041

1. Entity Name

BLUE TANGO, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3614 W. EUCLID AVE.

Suite, Apt. #, etc.

3. Mailing Address

3614 W. EUCLID AVE.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33629

Country

USA

Zip

33629

Country

USA

4. FEI Number

59-3732529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BRYAN THOMPSON

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

3614 W. EUCLID AVE.

City TAMPA

FL

Zip Code

33629

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, applicable.

BRYAN THOMPSON

(NOTE: Registered Agent signature required when reinstating)

4/11/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	P
NAME	BRYAN THOMPSON
STREET ADDRESS	3614 W. EUCLID AVE.
CITY - ST - ZIP	TAMPA, FL 33629
TITLE	V
NAME	REBECCA JACOBSON
STREET ADDRESS	3614 W. EUCLID AVE.
CITY - ST - ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

Date

813-805-2792

Daytime Phone #

CR2E034B (12/01)