2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000064768

1. Entity Name
BLUE LIZARD ADVENTURES, INC.

Principal Place of Business	Mailing Address
2227 NW 9TH PLACE	2227 NW 9TH PLACE
GAINESVILLE FL 32605	GAINESVILLE FL 32605

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	**3.** Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number 59-3728640	Applied For / Not Applicable
Zip	Country	Zip	Country	**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**
BREEZE, MARSHALL H 2227 NW 9TH PLACE GAINESVILLE FL 32605	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 $550.00 After September 10, 2003 Fee will be $750.00 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		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **PD** NAME **INGLES, PALMA** STREET ADDRESS **2227 NW 9TH PLACE** CITY-ST-ZIP **GAINESVILLE FL 32605**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/03)

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: _PALMA INGLES REGISTERED INGLES_   9/7/2003   727-570-5335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

BLUE LIZARD ADVENTURES, INC.
2227 NW 9th Place
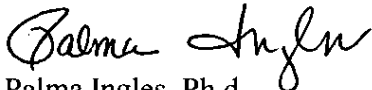Gainesville, Florida 32605
1-352-335-4956

Division of Corporations
409 East Gaines Street
Tallahassee, Florida
32399

Dear Division of Corporations,

I am enclosing my Uniform Business Report and my check for $150.00 for my corporation, Blue Lizard Adventures, Inc. I am currently working for the Federal Government in St. Petersburg, Florida, but continue to own my home and live part time with my family in Gainesville, Florida, where this corporation is registered. Since I am hoping to be transferred back to Gainesville in the near future, I continue to receive most of my mail in Gainesville, Florida, and have not had my mail forwarded to St. Pete.

Due to the amount of travel involved with my job in St. Pete, I am only in Gainesville a few times a month. With starting a new job in another city, while continuing to live in Gainesville part time, there have been some problems keeping up with my mail. As a result, this is the first notice that I have received for the 2003 Uniform Business Report. I am hoping that due to my extenuating circumstances, the late fee will be waived for my corporation.

Sincerely,

Palma Ingles, Ph.d.
President, Blue Lizard Adventures