

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90183 050 ***150.00

DOCUMENT # P01000067016

1. Entity Name
BLUE MARLIN HOMES, INC.

Principal Place of Business

**502 W CHERRY ST
 PLANT CITY FL 33566**

Mailing Address

**502 W CHERRY ST
 PLANT CITY FL 33566**

2. Principal Place of Business

5005 SR 60 E. BARTOW, FL
 Suite, Apt. #, etc.

3. Mailing Address

5005 SR 60 E.
 Suite, Apt. #, etc.

City & State

BARTOW, FL

City & State

BARTOW, FL

4. FEI Number

59-3729447

Applied For

Not Applicable

Zip

33830

Country

POK USA

Zip

33830

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**HUBBARD, DANIEL
 502 W CHERRY ST
 PLANT CITY FL 33566**

7. Name and Address of New Registered Agent

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 **DANIEL HUBBARD, PRESIDENT/DIRECTOR**

4/8/02
 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, 2002 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** ☐ Delete
 NAME **HUBBARD, DANIEL**
 STREET ADDRESS **502 W CHERRY ST**
 CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **DANIEL HUBBARD P/D**

4/8/02

863-533-4200

Date

Daytime Phone #

CR2E034 (9/01)