FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Sep 09, 2002 8:00 am Secretary of State P01000071058 DOCUMENT # 1. Entity Name 09-09-2002 90020 020 ***150.00 BLUE DOLPHIN EXPRESS, INC. Principal Place of Business Mailing Address 4855 LAKE SHORE DRIVE 4855 LAKE SHORE DRIVE ST CLOUD FL 34772 ST CLOUD FL 34772 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TAYLOR, BRENDA C Street Address (P.O. Box Number is Not Acceptable) 4855 LAKE SHORE DRIVE ST CLOUD FL 34772 City 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 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition TAYLOR, BRENDA C NAME NAME 4855 LAKE SHORE DRIVE STREET ADDRESS STREET ADDRESS ST CLOUD FL 34772 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TAYLOR, CHARLES R NAME NAME 4855 LAKE SHORE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST CLOUD FL 34772 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Alachman

Blue Dolphin Express, Inc. 4855 Lake Shore Drive St.Cloud, Fl 34772

September 5, 2002

Division of Corporations

Uniform Business Report-Filings-

P.O. Box 1500

Tallahassee, Fl 32303-1500

Re: Document # P01000071058

To Whom It May Concern:

Enclosed please find my check in the amount of \$150.00 for the "2002 Uniform Business Report".

Our company has only been incorporated since July of 2001 and this is the first time I am having to file this paper, also the first request for filing was received by me in the middle of August 2002, I did not receive any notice in January of this year as I have now been advised that I should have.

-I-am-thanking-you-in-advance-for waving the fines. ---

Thank you,

Brenda Taylor

President

Blue Dolphin Express, Inc.