

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90039 019 ***150.00

0434430 AV

DOCUMENT # P01000092330

1. Entity Name
BLUEPOINT APPAREL, INC.

Principal Place of Business

**4653 WESTFORD CIR
 TAMPA FL 33624**

Mailing Address

**4653 WESTFORD CIR
 TAMPA FL 33624**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5008 W Linebaugh Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

41

Suite, Apt. #, etc.

City & State

Tampa, FL

4. FEI Number

59-3746708

Applied For

Not Applicable

Zip

33624

Country

USA

Zip

33624

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NELSON, GLENN
 4653 WESTFORD CIR
 TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name Nelson, Glenn

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

5008 W Linebaugh Ave

City Tampa

FL

Zip Code

33624

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

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

(NOTE: Registered Agent signature required when reinstating)

4/29/02
 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 Director
NAME ARGYROS, SPYROS
STREET ADDRESS 12 NIKITARA & PONTOU ST 16777 HELLINIKO
CITY-ST-ZIP ATHENS GREECE

☐ Delete

TITLE President
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE President
NAME Glenn Nelson
STREET ADDRESS 5008 W Linebaugh Ave
CITY-ST-ZIP Tampa, FL 33624

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

DATE

(813) 968 3326

DAYTIME PHONE #

CR2E034 (9/01)