

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90281 008 \*\*\*150.00

**DOCUMENT # P01000092330**

1. Entity Name  
**BLUEPOINT APPAREL, INC.**



Principal Place of Business  
**5008 W LINEBOUGH AVE**  
**41**  
**TAMPA FL 33624**

Mailing Address  
**5008 W LINEBOUGH AVE**  
**41**  
**TAMPA FL 33624**



2. Principal Place of Business

**5008 W. Linebaugh Ave**  
Suite, Apt. #, etc.  
**48**

City & State  
**Tampa FL**

Zip  
**33624** Country

3. Mailing Address

**5008 W. Linebaugh Ave**  
Suite, Apt. #, etc.  
**48**

City & State  
**Tampa FL**

Zip  
**33624** Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3746708**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NELSON, GLENN**  
**5008 W LINEBOUGH AVE**  
**TAMPA FL 33624**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*21 April 2003*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARGYROS, SPYROS</b> <b>12 NIKITARA &amp; PONTOU ST 16777 HELLINIKO</b> <b>ATHENS GREECE</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NELSON, GLENN</b> <b>5008 W LINEBOUGH ST</b> <b>TAMPA FL 33624</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or without other like empowered.

SIGNATURE: *Glenn E. Nelson* **Glenn E. Nelson** *21 April 2003*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **813-968-3326**

CR2E034 (10/02)