

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

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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

3. Mailing Address

5008 W. Linebaugh Ave **5008 W. Linebaugh Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

48

48

City & State

City & State

Tampa FL

Tampa FL

Zip

Country

Zip

Country

33624

33624

4. FEI Number **59-3746708**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 | D <input type="checkbox"/> Delete |
| NAME | ARGYROS, SPYROS |
| STREET ADDRESS | 12 NIKITARA & PONTOU ST 16777 HELLINIKO |
| CITY-ST-ZIP | ATHENS GREECE |
| TITLE | P <input type="checkbox"/> Delete |
| NAME | NELSON, GLENN |
| STREET ADDRESS | 5008 W LINEBOUGH ST |
| CITY-ST-ZIP | TAMPA FL 33624 |
| TITLE | <input type="checkbox"/> Delete |
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| STREET ADDRESS | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 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*

CFR2E034 (10/02)