2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000096751 **DOCUMENT #**

1. Entity Name



FILED Jan 10, 2003 8:00 am Secretary of State

BLUE D	AWN ENTERPRISES, INC.			1 10 2003 3020 10 13	150.00
3022 MOSS	ace of Business 5 VALLEY PLACE RK FL 32792	Mailing Address 3022 MOSS VALLEY PL WINTER PARK FL 3279			
2. Principal	Place of Business	3. Mailing Address		T PROTERNA THE ROTTE FIRST BOOKS BRIGH SOLID SOL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANG	aes
City & Sta	ate	City & State		4. FEI Number 59-3751254	Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75	Not Applicable Additional
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	uired
COBBOI	•		Name	and the state of t	
CORPORATION SERVICE COMPANY 1201 HAYS STREET		Street Addres		(P.O. Box Number is Not Acceptable)	
	ASSEE FL 32301-2525				
77 III (1 17	100CE 1 E 0E001 2020				
			City	FL Zip C	1
The above the obligation	re named entity submits this statement for ations of registered agent.	or the purpose of changing it	s registered office or regist	tered agent, or both, in the State of Florida. I am familiar w	ith, and accept
					1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature requi	ired when reinstating) DATE	
<u> </u>	Signature, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00	and title if applicable. (NO	TE: Registered Agent signature requi		
↓ F	Signature, typed or printed name of registered agent		TE: Registered Agent signature requi	9. Election Campaign Financing \$	5.00 May Be ded to Fees
Afte Afte Make Chec	Signature, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00 ek Payable to Florida Department o OFFICERS AND	f State	TE: Registered Agent signature requi	9. Election Campaign Financing \$5 Trust Fund Contribution.	ded to Fees
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12. Thereby 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 all other like empowered.

SIGNATURE: