

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90098 021 ***150.00

DOCUMENT # P02000000687

1. Entity Name
BLUE JUICE, INC.



Principal Place of Business
**8812 SE SANDRIDGE AVENUE
HOBE SOUND FL 33455**

Mailing Address
**8812 SE SANDRIDGE AVENUE
HOBE SOUND FL 33455**



2. Principal Place of Business

8812 SE SANDRIDGE

3. Mailing Address

P.O. Box 1967

Suite, Apt. #, etc.

AVE.

Suite, Apt. #, etc.

City & State

HOBE SOUND, FL

City & State

HOBE SOUND, FL

Zip

33455

Country

USA

Zip

33455

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **SCOTT BAKER**

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

8812 SE SANDRIDGE AVE

City **HOBE SOUND**

FL

Zip Code **33455**

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 **SCOTT BAKER, VPS**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-24-03

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

TITLE **PTD** ☐ Delete
NAME **BAKER, SCOTT M**
STREET ADDRESS **309 NORTHEAST 7TH AVENUE., UNIT B**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **VPS** ☐ Delete
NAME **BAKER, MELANIE M**
STREET ADDRESS **309 NORTHEAST 7TH AVENUE., UNIT B**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition
NAME **BAKER MELANIE M**
STREET ADDRESS **1812 SE SANDRIDGE AVE.**
CITY-ST-ZIP **HOBE SOUND, FL**

TITLE **VPS** ☒ Change ☐ Addition
NAME **BAKER, SCOTT**
STREET ADDRESS **P.O. Box 1812 SE SANDRIDGE AVE**
CITY-ST-ZIP **HOBE SOUND, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE: **SCOTT BAKER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-03 (772) 545-3115

Date

Daytime Phone #

CR2E034 (10/02)