

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90013 032 ***150.00

DOCUMENT # P02000058665



1. Entity Name
BLUE CHIP USA, INC.

Principal Place of Business
10 SANDPOINT CIRCLE
ORMOND BEACH FL 32174

Mailing Address
10 SANDPOINT CIRCLE
ORMOND BEACH FL 32174

2. Principal Place of Business
10 SANDPOINT CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
10 SANDPOINT CIRCLE
Suite, Apt. #, etc.

City & State
ORMOND BEACH FL
Zip **32174** **Country** **USA**

City & State
ORMOND BEACH
Zip **32174** **Country** **USA**

4. FEI Number **04-3688830 012512** **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

DUBNICEK, GARY
10 SANDPOINT CIRCLE
ORMOND BEACH FL 32174

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DUBNICEK, GARY	
STREET ADDRESS	10 SANDPOINT CIRCLE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cell- 386-451-2402
1-9-03 386-672-8455-office
Date **Daytime Phone #**

CR2E034 (10/02)