

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91355 034 \*\*\*150.00

DOCUMENT # P02000060947



1. Entity Name  
BLUE FROG ENTERPRISES, INC.

Principal Place of Business  
~~1211 1ST AVENUE~~  
MT. DORA FL 32757

Mailing Address  
~~1211 1ST AVENUE~~  
MT. DORA FL 32757

2. Principal Place of Business  
21740 US HWY 441

3. Mailing Address  
21740 us HWY 441

Suite, Apt. #, etc.

City & State  
MT. DORA FL

City & State  
MT. DORA, FL

Zip Country  
32757 LAKE

Zip Country  
32757 LAKE

4. FEI Number  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**

SUMMERS, MARJORIE A  
~~1211 1ST AVENUE~~ 21740 US HWY 441  
MT. DORA FL 32757

**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 *Marjorie Summers*

4-28-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	P	<input type="checkbox"/> Delete
NAME	SUMMERS, MARJORIE A	
STREET ADDRESS	1211 1ST AVENUE	
CITY-ST-ZIP	MT. DORA FL 32757	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FUCHS, KATHLEEN A	
STREET ADDRESS	1211 1ST AVENUE	
CITY-ST-ZIP	MT. DORA FL 32757	
TITLE	S	<input type="checkbox"/> Delete
NAME	SUMMERS, MARJORIE A	
STREET ADDRESS	1211 1ST AVENUE	
CITY-ST-ZIP	MT. DORA FL 32757	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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)(j), 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: *Marjorie Summers* **REQUIRED** *MARJORIE SUMMERS* 4/25/03 352-383-1313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)