

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

Suite, Apt. #, etc.

3. Mailing Address

21740 US HWY 441

Suite, Apt. #, etc.

City & State

MT. DORA FL

City & State

MT. DORA, FL

Zip

32757

Country

LAKE

Zip

32757

Country

LAKE

☐ 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

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*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-03

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 **P** ☐ Delete
NAME **SUMMERS, MARJORIE A**
STREET ADDRESS **1211 1ST AVENUE**
CITY-ST-ZIP **MT. DORA FL 32757**

TITLE **VP** ☐ Delete
NAME **FUCHS, KATHLEEN A**
STREET ADDRESS **1211 1ST AVENUE**
CITY-ST-ZIP **MT. DORA FL 32757**

TITLE **S** ☐ Delete
NAME **SUMMERS, MARJORIE A**
STREET ADDRESS **1211 1ST AVENUE**
CITY-ST-ZIP **MT. DORA FL 32757**

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

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

TITLE ☐ Change ☐ Addition
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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:

Marjorie Summers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARJORIE

SUMMERS

Date

4/25/03

Daytime Phone #

352-383-1313

CR2E034 (10/02)