

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90081 046 \*\*\*158.75

DOCUMENT # **PO2000092959**

1. Entity Name

**BLUE DOLPHIN READY, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4045 SOUTH McALL ROAD**

Suite, Apt. #, etc.

3. Mailing Address

**4045 SOUTH McALL ROAD**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**ENGLEWOOD FLORIDA**

City & State  
**ENGLEWOOD FLORIDA**

4. FEI Number  
**45-0486203**

Applied For  
Not Applicable

Zip  
**34224**

Country  
**USA**

Zip  
**34224**

Country  
**USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **LONNIE D. ROBERTS**

Street Address (P.O. Box Number is Not Acceptable)  
**4045 SOUTH McALL ROAD**

City **ENGLEWOOD** FL Zip Code **34224**

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 **LONNIE D. ROBERTS**

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

(NOTE: Registered Agent signature required when reinstating)

**3/31/03**

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR &amp; OFFICER P/T LONNIE D. ROBERTS 4045 SOUTH McALL ROAD ENGLEWOOD, FL 34224</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STOCKHOLDER DEBRA A. ROBERTS 4045 SOUTH McALL RD. ENGLEWOOD, FL 34224</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **LONNIE D. ROBERTS** *Lonnied Roberts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/03 (941) 475-1312**

Date Daytime Phone #

CR2E034B (12/02)