

FILED
Mar 07, 2003 8:00 am
Secretary of State

02-10-2003 90213 033 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000095537

1. Entity Name
KHAKI BLUE, INC.



Principal Place of Business
202 SOUTH ROME AVE., STE. 100
TAMPA FL 33606

Mailing Address
202 SOUTH ROME AVE., STE. 100
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

52-2381495

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, MATTHEW J
202 SOUTH ROME AVE., STE. 100
TAMPA FL 33606

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

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME
President, Treasurer, Secretary, Director
David Dyer
STREET ADDRESS
100 Beach Drive, N.E. #1802
CITY-ST-ZIP
St. Petersburg, FL 33701

TITLE NAME
Vice President
Harriett Dyer
STREET ADDRESS
100 Beach Drive, N.E. #1802
CITY-ST-ZIP
St. Petersburg, FL 33701

TITLE NAME
Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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TITLE 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: *Harriett Dyer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/2003

Date

727-895-5542

Daytime Phone #

CR2E034 (10/02)