FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90828 044 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000099503

1. Entity Name
Blue Martini OF Deland, Inc.

DO NOT WRITE IN THIS SPACE

J0113056

2. Principal Place of Business	3. Mailing Address
100 N. Woodland Blvd	100 N. Woodland Blvd.
Suite, Apt. #, etc. Suite #1	Suite, Apt. #, etc. Suite #1
City & State Deland FL	City & State Deland FL
Zip 32720 Country USA	Zip 32720 Country USA

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4. FEI Number 04-3719882 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**
Name Kenneth B. Crenshaw Esq.
Street Address (P.O. Box Number is Not Acceptable) 3175 S. Congress Ave.
Suite #301
City Palm Springs **FL** Zip Code 33461

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

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	D/P	TITLE	
NAME	Brooke N. Forbes	NAME	
STREET ADDRESS	111 Glen Abbey Lane	STREET ADDRESS	
CITY-ST-ZIP	DeBary FL 32713	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

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: Brooke N Forbes 04/25/03 386-734-9978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #