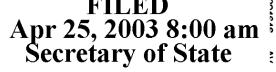
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000108815 DOCUMENT # 1. Entity Name



04-25-2003 90129 004 ***150.00 BLUE SKIES BOOKKEEPING AND SMALL BUSINESS SERVIC ES. INC. Principal Place of Business Mailing Address 815 WEST BOYNTON BEACH BLVD. 815 WEST BOYNTON BEACH BLVD. #8-201 **BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426** 2. Principal Place of Business 123 N. Congress 3. Mailing Address **L'ONGYESS** Suite, Apt. #, etc Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 11-3658024 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent avoline Address (P.O. Box Number is Not Acceptable) 387 TRIMBLE, CAROLINE C 815 WEST BOYNTON BEACH BLVD. #8-201 **BOYNTON BEACH FL 33426** 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition TITI F TITLE ☐ Delete TRIMBLE, CAROLINE C NAME ., NAME N. Congress Are #387 815 WEST BOYNTON BEACH BLVD. #8-201 STREET ADDRESS STREET ADDRESS 33426 BOYNTON BEACH FL: 33426 CITY-ST-ZIP CITY-ST-ZIP. ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 exprowered 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 addre

SIGNATURE