2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90129 004 ***150.00

DOCUMENT # P02000108815

1. Entity Name
BLUE SKIES BOOKKEEPING AND SMALL BUSINESS SERVIC ES, INC.

Principal Place of Business	Mailing Address
815 WEST BOYNTON BEACH BLVD. #8-201 BOYNTON BEACH FL 33426	815 WEST BOYNTON BEACH BLVD. #8-201 BOYNTON BEACH FL 33426

2. Principal Place of Business	3. Mailing Address
123 N. Congress Ave	123 N. Congress Ave
Suite, Apt. #, etc. #387	Suite, Apt. #, etc. #387
City & State Boynton Beach, FL	City & State Boynton Beach, FL
Zip 33426 Country USA	Zip 33426 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 11-3658024 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRIMBLE, CAROLINE C 815 WEST BOYNTON BEACH BLVD. #8-201 BOYNTON BEACH FL 33426	Name Caroline Trimble Street Address (P.O. Box Number is Not Acceptable) 123 N. Congress Ave #387 City Boynton Beach **FL** Zip Code 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
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIMBLE, CAROLINE C 815 WEST BOYNTON BEACH BLVD. #8-201 BOYNTON BEACH FL 33426 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 123 N. Congress Ave #387 Boynton Beach FL 33426
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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: SIGNATURE REQUIRED 4/21/03 954-214-4596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)