

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90137 026 ***150.00

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DOCUMENT # P93000002239

1. Entity Name
MCBLUE CORPORATION



Principal Place of Business
2200 NW 2 AVE
SUITE 211
BOCA RATON FL 33431

Mailing Address
37 NORTH ORANGE AVE
500
ORLANDO FL 32801



2. Principal Place of Business

37 N. Orange Ave

3. Mailing Address

Suite, Apt. #, etc.
500

☐ CHECK HERE IF MAKING CHANGES

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number 65-0378104

Applied For
☐ Not Applicable

Zip
32801

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LONG, GREG
2200 NW 2 AVE
SUITE 211
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name Long, Greg
Street Address (P.O. Box Number is Not Acceptable)
37 N. Orange Ave Ste 500
City Orlando **FL** **Zip Code** 32801

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

Gregory N Long
(NOTE: Registered Agent signature required when reinstating)

4/15/03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LONG, GREG 1874 WILDWOOD TR DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LONG, KAREN 1874 WILDWOOD TR DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TOWNES, JENIFER 2201 WILDWOOD LN N DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOY, MYRON 4825 BASSWOOD LN ORLANDO FL 32808 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Gregory N Long 4/15/03 407-926-4397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)