

2001 UNIFORM BUSINESS REPORT (UBR)

0108891 AT

DOCUMENT # **P93000032149**

1. Entity Name
BLUE OX, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 JUL 13 PM 3:14

Principal Place of Business
**240 WEST WASHINGTON ST.
MONTICELLO FL 32344**

Mailing Address
**240 WEST WASHINGTON ST.
MONTICELLO FL 32344**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3184019** 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

**PALMETTO CHARTER SERVICES INC.
150 MAGNOLIA AVE.
DAYTONA BEACH FL 32115-2491**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D SUMMITT, JACK**
STREET ADDRESS **240 WEST WASHINGTON STREET**
CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/01

Date

Daytime Phone #

CR2E034 (5/01)

7-13-01

MILLER ACCOUNTING, INC.
MONTICELLO, FL. 32344

UNIFORM BUSINESS REPORTS
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

DEAR DIRECTOR,

THE FOLLOWING BUSINESS DID NOT RECEIVE THEIR ORIGINAL UBR FORM IN JANUARY OF 2001.
THEY DID RECEIVE IN JULY THE SECOND REQUEST FOR THEIR UBR. WE ARE ASKING YOU TO
ABATE THE PENALTY AND ACCEPT THE PAYMENT OF \$150.00 AS PAYMENT IN FULL SO AS TO
KEEP THESE CORPORATIONS CURRENT AND ACTIVE WITH THE STATE OF FLORIDA.

GRUBBS PETROLEUM SALES, INC.	59-1970130
DRIFT, INC.	59-3147374
FARMBOY INC.	59-2383996
BLUE OX, INC.	59-3184019
APPLIED COMPUTER LOGIC.	59-3357797
MILLER ACCOUNTING, INC.	59-3414103

ATTACHED PLEASE FIND CHECKS FOR EACH OF THESE CORPORATION IN THE AMOUNT OF
\$150.00
TOTALING \$900.00.

THANKING YOU IN ADVANCE,

George W. Miller
7-13-01