
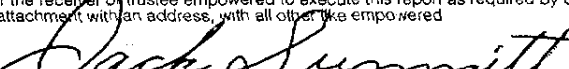


**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000032149</b> 1. Entity Name <b>BLUE OX, INC.</b>			
Principal Place of Business <b>240 WEST WASHINGTON ST. MONTICELLO, FL 32344</b>		Mailing Address <b>240 WEST WASHINGTON ST. MONTICELLO, FL 32344</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State  Zip		City & State  Zip	
Country		Country	
6. Name and Address of Current Registered Agent  <b>PALMETTO CHARTER SERVICES INC. 150 MAGNOLIA AVE. DAYTONA BEACH, FL 32115-2491</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent			
SIGNATURE _____ DATE _____ <small>Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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  <input type="checkbox"/> Delete <b>D SUMMITT, JACK 240 WEST WASHINGTON STREET MONTICELLO, FL 32344</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP  <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>UD00000059783 02/23/04-80012-020 150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP  <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: 		Date: <b>2-19-04</b> Daytime Phone: <b>997-2646</b>	