

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90042 009 ***158.75

DOCUMENT # P93000034209

1. Entity Name
FLORIDA BLUE, INC.



Principal Place of Business
746 N 19TH AVE
HOLLYWOOD FL 33020

Mailing Address
746 N 19TH AVE
HOLLYWOOD FL 33020

2. Principal Place of Business

1243 BUCHANAN ST
Suite, Apt. #, etc.

3. Mailing Address

1243 BUCHANAN ST
Suite, Apt. #, etc.

City & State

HOLLYWOOD FLA

City & State

HOLLYWOOD FLA

Zip

33019

Country

USA

Zip

33019

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0404885

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FURLONG, GUY
1243 BUCHANAN
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

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. 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

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | FURLONG, GUY | |
| STREET ADDRESS | 1243 BUCHANAN | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | LABELLE, GHISLAINE | |
| STREET ADDRESS | 1243 BUCHANAN | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/03 9549252059