

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-15-2001 90084 029 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038969

1. Entity Name

BLUE MARLIN INSURANCE AGENCY, INC.



Principal Place of Business

4191 N. ST. RD. 7
LAUDERDALE LAKES FL 33319

Mailing Address

4189 N STATE RD 7
LAUDERDALE LAKES FL 33319

2. Principal Place of Business

1337 S. State Rd 7
Suite, Apt. #, etc.

3. Mailing Address

1337 S. State Rd 7
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

North Lauderdale, FL

City & State

North Lauderdale, FL

4. FEI Number 65-0420830

Applied For

Not Applicable

Zip

33068

Country

Biowald

Zip

33068

Country

Biowald

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDING, SHELDON ATTY
101 NE THIRD AVE
SUITE 300
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

~~Name: Glantz & Glantz
Street Address (P.O. Box Number is Not Acceptable):
7951 SW 6th Street Suite 100
City: Plantation FL Zip Code: 33321~~
(VOID CHANGE)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, COLIN	
STREET ADDRESS	4189 N STATE RD 7	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jackson, Colin	
STREET ADDRESS	5141 NW 57 Drive	
CITY-ST-ZIP	Coral Springs, FL 33067	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #