

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90138 006 ***150.00

DOCUMENT # P93000045598

1. Entity Name
ORANGE & BLUE, INC.

Principal Place of Business

DESOT COUNTY
4855 S E TAYLOR AVE
ARCADIA FL 33821
US

Mailing Address

~~MALCOLM JOHNSON~~ **Alan Johnson**
~~364 CATFISH CREEK RD~~ **4855 SE Taylor Av**
~~LAKE PLACID FL 33852~~ **Arcadia FL 34266**
US



2. Principal Place of Business

DeSoto County
 Suite, Apt. #, etc.
4855 S.E. Taylor Av

3. Mailing Address

Alan Johnson
 Suite, Apt. #, etc.
4855 SE Taylor Av

DO NOT WRITE IN THIS SPACE

City & State
Arcadia FL

City & State
Arcadia FL 34266

4. FEI Number **65-0429664**

Applied For
 Not Applicable

Zip
34266

Country
U.S.

Zip
34266

Country
U.S.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JOHNSON, MALCOLM
364 CATFISH CREEK RD
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name
Alan Johnson
 Street Address (P.O. Box Number is Not Acceptable)
4855 SE Taylor Av
 City
Arcadia FL Zip Code
34266

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 **AK/JL Alan K. Johnson**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

16 Apr 2002
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, MALCOLM 364 CATFISH CREEK RD LAKE PLACID FL 33852 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ROGER S 6528 79TH PL CABIN JOHN MD 20818 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, KAREN E 2547 CADDY ST FLOSSMOOR IL 60422 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ALAN 4855 SE TAYLOR AVE ARCADIA FL 33821 <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

12. 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
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
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

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: **AK/JL**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06 Jan 2002 **863 465 7058**
 Date Daytime Phone #

CR2E034 (9/01)