

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **D94000087869**

1. Entity Name

Cobalt Blue, Inc.

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90428 006 ***150.00

Principal Place of Business

798 CRANDON BLVD.
#1
KEY BISCAYNE, FL.
33149

Mailing Address

798 CRANDON BLVD.
#1
KEY BISCAYNE, FL.
33149

2. Principal Place of Business

2455 E. SUNRISE BLVD.
Suite, Apt. #, etc.
502

3. Mailing Address

2455 E. SUNRISE BLVD.
Suite, Apt. #, etc.
502

City & State

Fort Lauderdale, FL.

City & State

Fort Lauderdale, FL.

Zip

33304

Country

BRAND

Zip

33304

Country

BRAND

4. FEI Number

65-0487418

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Srila, A. ROSEMARY
328 CRANDON BLVD. #202
KEY BISCAYNE, FL. 33149

7. Name and Address of New Registered Agent

Name **William L. Adamson**
Street Address (P.O. Box Number is Not Acceptable)
2455 E. SUNRISE BLVD. STE: 502
City **Fort Lauderdale** FL Zip Code **33304**

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

W. L. Adamson

4/26/00

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, 2000 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	Dennehy, Susan, PPST <input checked="" type="checkbox"/> Delete
NAME	798 CRANDON BLVD. #1
STREET ADDRESS	KEY BISCAYNE, FL. 33149
CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	David MAX, PPST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2455 E. SUNRISE BLVD.
STREET ADDRESS	STE: 502
CITY-ST-ZIP	Fort Lauderdale, FL. 33304
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

David Max

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

Daytime Phone #

CR2E034 (9/99)