

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000015892

1. Entity Name

BLUE HARBOUR EXPORT CORPORATION

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90105 043 ***150.00

Principal Place of Business

Mailing Address

MARINA DRIVE
PIERCE FL 34949

205 MARINA DRIVE
FT PIERCE FL 34949-8816
US

LUU72000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2853 S.E. EAGLE DRIVE
Suite, Apt. #, etc.

3. Mailing Address

2853 S.E. EAGLE DRIVE
Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL.

City & State

PORT ST. LUCIE, FL.

4. FEI Number

65-0562114

Applied For

Not Applicable

Zip

34984

Country

USA

Zip

34984

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZECCA, LISA K
205 MARINA DRIVE
FT PIERCE FL 34949

7. Name and Address of New Registered Agent

Name

LISA K. ZECCA

Street Address (P.O. Box Number is Not Acceptable)

2853 S.E. EAGLE DRIVE

City

PORT ST. LUCIE

FL

Zip Code

34984

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

Lisa K. Zecca

LISA K. ZECCA, DPVST

APRIL 18, 2000

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 D
NAME ZECCA, LISA K. ☐ Delete
STREET ADDRESS 205 MARINA DRIVE
CITY-ST-ZIP FT PIERCE FL 34949

TITLE PVST
NAME ZECCA, LISA K. ☐ Delete
STREET ADDRESS 205 MARINA DRIVE
CITY-ST-ZIP FT PIERCE FL 34949

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☐ Addition
NAME ZECCA, LISA K.
STREET ADDRESS 2853 S.E. EAGLE DRIVE
CITY-ST-ZIP PORT ST. LUCIE, FL. 34984

TITLE PVST ☐ Change ☐ Addition
NAME ZECCA, LISA K.
STREET ADDRESS 2853 S.E. EAGLE DRIVE
CITY-ST-ZIP PORT ST. LUCIE, FL. 34984

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Lisa K. Zecca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISA K. ZECCA, DPVST

4/18/00

(561)879-7400

Date

Daytime Phone #

CR2E034 (9/99)