

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90123 016 ***150.00

DOCUMENT # P95000044760

1. Entity Name
BLUE CAT SERVICE, INC.

Principal Place of Business
 2210 YANKEE PLACE #311
 ORLANDO FL 32839
 US

Mailing Address
 2210 YANKEE PLACE #311
 ORLANDO FL 32839
 US

2. Principal Place of Business
 5630 PGA BLVD

3. Mailing Address
 5630 PGA BLVD

Suite, Apt. #, etc.
 1115

Suite, Apt. #, etc.
 1115

City & State
 ORLANDO, FL

City & State
 ORLANDO, FL

Zip
 32839

Country
 USA

Zip
 32839

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3327237 **Applied For**
☒ Not Applicable

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

6. Name and Address of Current Registered Agent
 COUTO, SERGIO
 5184 EAST WINDS DRIVE
 ORLANDO FL 32819

7. Name and Address of New Registered Agent
 Name JAME
 Street Address (P.O. Box Number is Not Acceptable)
 5630 PGA BLVD #1115
 City ORLANDO FL Zip Code 32839

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	COUTO, SERGIO
STREET ADDRESS	2210 YANKEE PLACE, #311
CITY-ST-ZIP	ORLANDO FL 32839
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
NAME	COUTO, SERGIO
STREET ADDRESS	5630 PGA BLVD #1115
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
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: _____ **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 04/27/2002 Daytime Phone # 407/3518916

CR2E034 (9/01)