

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

May 22, 2001 8:00 am
Secretary of State

04-16-2001 90273 010 ***150.00

DOCUMENT # P97000005745

1. Entity Name

BLUE FROG GLOBAL TECHNOLOGY & TRADING, INC.

Principal Place of Business

11551 LAKE RIDE DR
MANDARIN FL 32223

Mailing Address

11551 LAKE RIDE DR
MANDARIN FL 32223

2. Principal Place of Business

815 Ream Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mt. Shasta, CA

City & State

4. FEI Number

59-3429381

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCANE, STEPHEN T
11551 LAKE RIDE DR
MANDARIN FL 32223

Change address to

Name

Stephen T. McCane

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

815 Ream Ave.

City

Mt. Shasta, CA 96067 FL

Zip Code

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

Stephen T. McCane, Stephen T. McCane

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MCCANE, STEPHEN T 11551 LAKE RIDE DR MANDARIN FL 32223 | <input type="checkbox"/> Delete |
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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Stephen T. McCane 815 Ream Ave Mt. Shasta, CA 96067 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Mojic M. McCane 815 Ream Ave. Mt. Shasta, CA 96067 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Stephen T. McCane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/2001 530-926-6920
Date Daytime Phone #

CR2E034 (10/00)