2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State
07-17-2002 90135 029 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000041020

1. Entity Name

BLUE PLANET ENVIRONMENTAL SYSTEMS, INC.

Please note new address info!

Principal Place of Business	Mailing Address
585 C JACKSON AVE SATELLITE BEACH FL 32937 US new 2250 Kirby Ave. Suite 201 Palm Bay FL	PO BOX 360992 MELBOURNE FL 32936 US new PO Box 360817 Melbourne FL

2. Principal Place of Business		3. Mailing Address	
2250 Kirby Ave. 32905		PO Box 360817 32936	
Suite, Apt. #, etc.: Suite 201		Suite, Apt. #, etc.:	
City & State: Palm Bay FL		City & State: Melbourne FL	
Zip: 32905	Country: US	Zip: 32936	Country: US

4. FEI Number 59-3447602 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, CRAIG ALLEN
51 EMERALD COURT
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

Name

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

City 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. I am familiar with, and accept the obligations of registered agent.

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 $550.00
After September 13, 2002 Fee will be $750.00
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 SMITH, CRAIG A 51 EMERALD CT SATELLITE BEACH FL 32937	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (4/02)

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: Craig Allen [signature] SIGNATURE REQUIRED 7/10/02 321 255 1931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #