

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000046044**

1. Entity Name

BLUE HERON INVESTIGATIONS INC.**FILED****Apr 18, 2001 8:00 am**
Secretary of State

04-18-2001 90107 031 ***150.00

Principal Place of Business

**221 W VENICE AVE
VENICE FL 34285
US**

Mailing Address

**P.O. BOX 1181
VENICE FL 34284
US**

2. Principal Place of Business

303 S. Tamiami Trail

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Nokomis, FL

City & State

4. FEI Number

65-0319635

Applied For

Not Applicable

Zip

34275

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

**ROSSOW, VLADIMIR W.
221 W VENICE AVE
VENICE FL 34285**

Name

Dorothy M. Rossow

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

303 S. Tamiami Trail

City

Nokomis**FL**

Zip Code

34275

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.

VLADIMIR W. ROSSOW

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-019. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSOW, VLADIMIR W	NAME	Rossow, Dorothy M
STREET ADDRESS	221 W VENICE AVE	STREET ADDRESS	303 S. Tamiami Trail
CITY-ST-ZIP	VENICE FL 34285	CITY-ST-ZIP	Nokomis, FL 34275
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSOW, DOROTHY M.	NAME	Rossow, Vladimir W.
STREET ADDRESS	221 W VENICE AVE	STREET ADDRESS	303 S. Tamiami Trail
CITY-ST-ZIP	VENICE FL 34285	CITY-ST-ZIP	Nokomis, FL 34275
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VLADIMIR W. ROSSOW (VP)

Date

4-12-01

Daytime Phone #

941-486-7386

CR2E034 (10/00)