2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 12, 2000 8:00 am Secretary of State DOCUMENT # P97000080912 1. Entity Name BLACK-N-BLUE, INC. 05-12-2000 90056 032 \*\*\*150.00 Principal Place of Business Mailing Address 5515-3 PHILLIPS HIGHWAY 1251 BEACON POINT JACKSONVILLE FL 32207 APT # 419 JACKSONVILLE FL 32246 00048490 2. Principal Place of Business 3. Mailing Address 759 SAILFISH DR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State JACKSONVILLE FL 59-3468990 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 32233 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCQUAIG, DAVID H Street Address (P.O. Box Number is Not Acceptable) 5515-3 PHILLIPS HWY. JACKSONVILLE, FL 32207 Zip Code City Fl 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/99) XX Change XX Addition TITLE D/P/T/S TITLE Delete DPT NAME BARTLEY JR, EPHESIANS A NAME BARTLEY JR, EPHESIANS A STREET ADDRESS STREET ADDRESS 3701 DANFORTH DR W., # 514 1251 BEACON POINT, APT. # 419 CITY-ST-ZIP CITY-ST-ZIF FL 32224 JACKSONVILLE, JACKSONVILLE, FL 32246 ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 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 en powered. (904)8280085 4/25/2000 EPHESIANS A BARTLEY II SIGNATURE Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR