

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000089524**

1. Entity Name

**BLUE WAY, INC**

**P**

Principal Place of Business

Mailing Address

**1540-8A WELLS ROAD  
ORANGE PARK, FL 32073**

2. Principal Place of Business

**SAME**

3. Mailing Address

**353 CROSSLAND LAKES DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**PONTE VEDRA BEACH**

City & State

City & State

**FLA**

Zip

Country

**FL**

Zip

**32082**

Country

4. FEI Number

**59-3476010**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**00082341**

6. Name and Address of Current Registered Agent

**BARON BARTLETT  
50 HIGHWAY AAA NORTH  
PONTE VEDRA BEACH, FL  
32082**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when not stated)

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, 2000, 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT / SECRETARY GIORGIO AZZALIN 353 CROSSLAND LAKES DR PONTE VEDRA BEACH, FL 32082</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

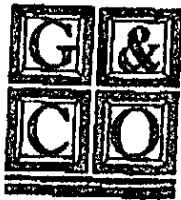
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/23/00**

Date

Daytime Phone #



**GUNN & COMPANY, P.A.**  
**CERTIFIED PUBLIC ACCOUNTANTS**

*Attachment*  
*# 297000089524*  
*00082341*

MARSHALL D. GUNN, JR., CPA/PPS, CFP

DAVID P. BARLEY, SR., CPA, MBA  
 SONNY F. MARTIN, CPA, CIA  
 VICKY G. WILD, CPA

4345 SOUTHPOINT BLVD., SUITE 100  
 JACKSONVILLE, FLORIDA 32216  
 TELEPHONE 904/296-2024  
 FAX 904/296-0054  
 gunncocpa@aol.com

August 8, 2000

Uniform Business Report  
 Division of Corporations  
 Post Office Box 1500  
 Tallahassee, FL 32302-1500

Dear Sir or Madam:

Re: Blue Way, Inc. FEI # 59-3476010  
 Comtrade of Ponte Vedra, Inc. FEI# 59-3258317

Giorgio Azzalin of Blue Way, Inc. and Comtrade of Ponte Vedra, Inc. never received your first or second notice for his companys' Uniform Business Report fee. He realized this when a pending sale turned up the fact that the companies were not registered with the State this year.

We respectfully request that you accept payment of \$150.00 as renewal for my client's annual report. These companies pay their bills by the due date, but do not have a formal system for triggering annual or nonrecurring payments other than the actual receipt of the bill. For this reason, they have no way of knowing that a payment was due to the State of Florida unless the notice was actually received.

If you have any questions, please do not hesitate to contact me directly. Thank you for your cooperation and understanding in resolving this matter.

Yours very truly,

  
 Sonny F. Martin, CPA



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 Members of the Florida Institute of Certified Public Accountants