

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089524

1. Entity Name
BLUE WAY, INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

06-16-2002 90707 019 ***150.00

Principal Place of Business

1540 BA WELLS ROAD
ORANGE PARK FL 32073

Mailing Address

353 CROSSLAND LAKES DR
PONTE VEDRA BEACH FL 32082



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12276-111 SAN JOSE BLVD

3. Mailing Address

12276-111 SAN JOSE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE

City & State

JACKSONVILLE

Zip

32223

Country

DOVAL

Zip

32223

Country

DOVAL

4. FEI Number

59-3476010

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTLETT, BARON L
50 HIGHWAY A1A SUITE 103
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 of the authorized name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/02

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, 2002 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 PS
NAME AZZALIN, GIORGIO
STREET ADDRESS 353 CROSSLAND LAKES DR
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE PD
NAME AZZALIN, GIORGIO
STREET ADDRESS 353 CROSSROAD LAKES DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 reports 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

504 801007

Date

Daytime Phone #

CR2E034 (9/01)