


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90212 027 \*\*\*150.00

**DOCUMENT # P97000106553**

1. Entity Name  
**BLUE ENTERPRISES, INC.**



Principal Place of Business  
100 2ND AVENUE, #200  
SAINT PETERSBURG, FL 33701

Mailing Address  
100 2ND AVENUE, #200  
SAINT PETERSBURG, FL 33701

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3484034** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BEAULIEU, MICHELE J  
100 2ND AVENUE SOUTH, #200  
SAINT PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent  
Name **Michele J. Beaulieu**  
Street Address (P.O. Box Number Is Not Acceptable)  
**Island Center  
2701 - N. Rocky Pt. Dr. Ste #1120**  
City **Tampa** FL Zip Code **33607**

B. 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 Michele J. Beaulieu DATE 5/12/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAULIEU, MICHELE J	NAME	
STREET ADDRESS	100 2ND AVENUE, SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	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	
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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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michele J. Beaulieu DATE 5/12/03 DAYTIME PHONE # 727-858-2583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

Attachment #  
90136623

Re: Document # P97000106553

The annual corporate fee due May 1, 2003 was not paid in a timely manner due to an oversight on our part because we received no notice of payment due.

Your records may indicate that our agent of record is Mr. Paul Carter. Mr. Carter is now deceased, and to further complicate matters, our business location has recently changed. We have filed the appropriate transmittal form and change of agent/address form.

Our current business address is as follows:

Blue Enterprises, Inc.  
2701 N. Rocky Point Dr. Ste 1120  
Tampa, FL. 33607

Our company does not make late payments as a matter of normal business practice and obviously this case is one where circumstances are at least extenuating.

We ask that you take this into consideration and waive the late fee.  
Thank you in advance for your understanding in this matter.

Sincerely,



Michèle J. Beaulieu