

2001 UNIFORM BUSINESS REPORT (UBR)

4/26/

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90274 044 \*\*\*150.00

DOCUMENT # **P98000000473**

1. Entity Name  
**BLUE SPRINGS INVESTMENTS, INC.**

Principal Place of Business      Mailing Address  
**929 N SPRING GARDEN AVE**      **929 N SPRING GARDEN AVE**  
**DELAND FL 32724**                      **DELAND FL 32724**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      **124 Treatment Drive**  
 Suite, Apt. #, etc.

City & State      City & State  
**Orange City, FL**  
 Zip      Country      Zip      Country  
**32763**      **Volusia**

4. FEI Number      **59-3487723**      Add on for  
 Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**GLASRUD, THEODORE G**  
**3354 SE FAIRWAY EAST**  
**STUART FL 34997**

7. Name and Address of New Registered Agent  
 Name      **see attached statement**  
 Street Address (P.O. Box Number is Not Acceptable)      **of change**  
 City      / 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 applicable. (NOTE: Registered Agent's signature required when substituting) 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, 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

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>GLASRUD, THEODORE G</b>
STREET ADDRESS	<b>3354 SE FAIRWAY EAST</b>
CITY-ST-ZIP	<b>STUART FL 34997</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>KUEHN, PAUL</b>
STREET ADDRESS	<b>1801 RICE CREEK ROAD</b>
CITY-ST-ZIP	<b>NEW BRIGHTON MN 55112</b>
TITLE	<b>ST</b> <input type="checkbox"/> Delete
NAME	<b>POHL, GERRY</b>
STREET ADDRESS	<b>3317 EDWARD ST., NE</b>
CITY-ST-ZIP	<b>MINNEAPOLIS MN 55418</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 \_\_\_\_\_ **4/13/01** **(612) 341-2657**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Month-Year

**Theodore G. Glasrud - President**

CR2E036 (10/00)

Doc. # P 9800000473

45435

Stamp # [Redacted]

Requester's Name  
 759 S. Fed Hwy Ste 21  
 Address  
 Stuart, FL 34994  
 City/State/Zip Phone #

Post-It® Fax Note 7671  
 Date 4-17-01 # of pages 2  
 To Gerry Pohl From Stacey  
 Co./Dept. Co.  
 Phone # Phone #  
 Fax # Fax #

127 Greystone Dr.  
Orange City FL 32763

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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-01/16/01--01083--001  
\*\*\*140.00 \*\*\*\*\*35.01

- Walk in
- Mail out
- Pick up time
- Will wait
- Certified Copy
- Certificate of Status
- Photocopy

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JAN 16 PM 12:18

FILED

Examiner's Initials

ac 1-19

Attachment Doc. # P9800000473

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida:

4/24/01

1. The name of the corporation: Blue Springs Investments, Inc.

2. The mailing address of the corporation: 124 Treemonte Drive, Orange City, FL 32763

3. Date of incorporation/qualification: 01/02/1998 Document number: P9800000473

4. The name and address of the current registered agent and office:

Theodore G. Glasrud

3354 S.E. Fairway East

Stuart, FL 34997

5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P.O. Box Not Acceptable)

Stacey J. Manning

124 Treemonte Drive

Orange City, FL 32763

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature of officer]

1-1-01 (Date)

(Signature of an officer, chairman or vice chairman of the board)

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature of Registered Agent]

(Signature of Registered Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

FILED 01 JAN 16 PM 12:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA

\*\*\* FILING FEE: \$35.00 \*\*\*