

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034444

1. Entity Name

BLUE STUDIO, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90094 028 ***150.00

Principal Place of Business

Mailing Address

3239 S PT ROYALE DR
 #D
 FORT LAUDERDALE FL 33308
 US

3239 S PT ROYALE DR
 #D
 FORT LAUDERDALE FL 33308-7930
 US

2. Principal Place of Business

3. Mailing Address

147 GARFIELD DR

15 PARADISE PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

217

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34236

Country

USA

Zip

34236

Country

USA

4. FEI Number

65-0830017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STARK, KIM M
 3239 S PORT ROYALE DR
 #D
 FORT LAUDERDALE FL 33308

Name

STARK Kim M

Street Address (P.O. Box Number is Not Acceptable)

15 PARADISE PL #217

City

SARASOTA

FL

Zip Code

34239

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

Kim M Stark

Kim M STARK

4/20/2000

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **STARK, KIM M**
 STREET ADDRESS **3239 S PORT ROYAL DR #D**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **STARK, Kim M**
 STREET ADDRESS **15 PARADISE PL #217**
 CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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:

Kim M Stark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)