## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P98000086763 1. Entity Name THE BLUE ROOSTER CHIMINEA COMPANY 05-03-2001 91140 032 \*\*\*150 00 Principal Place of Business Mailing Address 2019 WEAVER PK DR 2019 WEAVER PK DR CLEARWATER FL 33765 CLEARWATER FL 33765 U\$ DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 59-3545806 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name REUTHER, BLAIR 144 116Th Ave Treasure Island Street Address (P.O. Box Number is Not Acceptable) -2019 WEAVER PARK DRIVE -CLEARWATER FL 33765 Zip Code nan 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change TITLE TITLE ☐ Delete REUTHER, BLAIR 144 116 TA AUE # 101 NAME NAME 1875 SUNSET POINT ROAD STREET ADDRESS STREET ADDRESS Treadure Island, FL 33706 CITY-ST-ZIP **CLEARWATER FL 33765** CITY-ST-ZIP ☐ Delete TITLE TITLE OVELLETTE, GERALD NAME NAME 525 20TH AVENUE STREET ADDRESS STREET ADDRESS INDIAN ROCKS BEACH FL 33785 CITY-ST-ZIP CITY-ST-7IP - Change - - Addition -Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITL F TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.