FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90420 025 ***550.00

DOCUMENT # P99000001706

1. Entity Name

BLUE BOX, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. BOX 236	868 106TH AVE. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: EVERGLADES CITY, FL	City & State: NAPLES, FL
Zip: 34139 Country:	Zip: 34108 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3550879 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WANDERON, THOMAS

Street Address (P.O. Box Number is Not Acceptable): 868 106TH AVENUE N.

City: NAPLES **FL** Zip Code: 34108

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] THOMAS WANDERON 04/19/02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D	TITLE	
NAME	LOUNSMA, WILLIAM	NAME	
STREET ADDRESS	P.O. BOX 236	STREET ADDRESS	
CITY-ST-ZIP	EVERGLADES CITY, FL 34139	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	LOUWSMA, KAREN	NAME	
STREET ADDRESS	P.O. BOX 236	STREET ADDRESS	
CITY-ST-ZIP	EVERGLADES CITY, FL 34139	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: x [signature] William Louwsma x 5.1.02 239-695-3342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #