FILED

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

DOCUMENT # <b>P9900006876</b> 1. Entity Name					Apr 25, 2001 8:00 am Secretary of State			
•	BLUE, INC.			<b>.</b>	04-25-2001	-		
Principal Plac 5656 PITCH PIN ORLANDO FL 3	NE DRIVE	Mailing Address 5656 PITCH PINE DRIVE ORLANDO FL 32819	•		·			
2. Principal Place of Business  1250 N. Powh Why  Suite, Apt. #, etc.  3. Mailing Address 1250 N. F. Suite, Apt. #, etc.			POMH WA	· <i>y</i>	DO NOT WRIT	TE IN THIS SP	ACE	
	IMMEE PL	City & State	FL.	4. 1	59-355565		No	plied For Applicable
<sup>Zip</sup> 347	Country W/A	Zip 34746	N/A	1	Certificate of Status Desired  lame and Address of New R	□ Fe	8.75 Addi e Required ent	
DA S 5656 ORL/	Name Street A	Ryge ddress (P.O. B	N D. TORO  OX Number is Not Acceptable  ND LAKE RD	a) _	204	8/9		
SIGNATURE .	named entity submits this statement for Signature, type of printed not of registered agent an	d title if applicable. (NOTE: R	gistered office or legistered Agent signatured FEE IS \$150.0	are required when re	sinstating)	O.Y/	19/0	
Tax filing requirement and elects to do so.  (See criteria on back)  After MAY Make Check		After MAY 1, 2001	01 Fee will be \$550.00 ble to Department of Sta		10. Election Campaign Fin Trust Fund Contributio	n.	Added	May Be to Fees
TITLE NAME STREET ADDRESS	PVPT DA SILVA PINTO, FRANCISCO R 5656 PITCH PINE DR.	□RECTORS   Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-VP- 31mone 1250, N	E C. SILVA 1. Roma way	C	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORLANDO FL 32819 SD DA SILVA PINTO, FRANCISCO R 5656 PITCH PINE DR. ORLANDO FL 32819	<b>X</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KISSIM	mee, FL 34740		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[	☐ Change	Addition

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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/69/01 (487) 390.0309