

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90638 034 ***150.00

DOCUMENT # P99000008292

1. Entity Name

Blue Gold of Valrico, Inc.

Principal Place of Business

1615 Featherband Dr
 Valrico, FL 33594

Mailing Address

1615 Featherband Dr
 Valrico, FL 33594

2. Principal Place of Business

402 N St Cloud Ave

3. Mailing Address

402 N St Cloud Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Valrico, FL 33594

City & State

Valrico, FL 33594

4. FEI Number

59-3557048

Applied For

Not Applicable

Zip
 33594

Country

Zip

33594

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

00069517

6. Name and Address of Current Registered Agent

Gonzalez, Pamela W
 1615 Featherband Dr
 Valrico, FL 33594

7. Name and Address of New Registered Agent

Name
 Raymond W Hancock

Street Address (P.O. Box Number is Not Acceptable)
 402 N St Cloud Ave

City
 Valrico

FL

Zip Code
 33594

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

Raymond W Hancock

Raymond W Hancock, Pres

4/25/01

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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	Gonzalez, Pamela W	
STREET ADDRESS	1615 Featherband Dr	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	President/ Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raymond W Hancock	
STREET ADDRESS	402 N St Cloud Ave	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE	V.P./ Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clara Hancock	
STREET ADDRESS	402 N St Cloud Ave	
CITY-ST-ZIP	Valrico, FL 33594	
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:

Raymond W Hancock Raymond W Hancock

4/25/01

Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)