## 2000 UNIFORM BUSINESS REPORT (UBR) $\mathbf{FIL}\mathbf{ED}$ Apr 21, 2000 8:00 am Secretary of State DOCUMENT # **P99000058825** BLUEPALM INTERNATIONAL INC. 04-21-2000 90053 044 \*\*\*150.00 Principal Place of Business Mailing Address 33 JARDEN DRIVE 1131 JARDEN DRIVE \_\_\_\_ FL 34104 NAPLES FL 34104 ししししょましゃ 2. Principal Place of Business DRIVE 3. Mailing Address 1/31 JARDEN DRIVE DO NOT WRITE IN THIS SPACE 4. FEI Number 593585921 Applied For Not Applicable 5. Certificate of Status Desired \_\_\_\_\_\_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JUNE CÒNAN, DOLLY 777 LANTANA ROAD LANTANA FL 33462 NAPLES 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 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, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPST ☐ Change ☐ Delete TITLE JUNG. HANS NAME HANS JUNG NAME 1131 JARDEN DRIVE, NAPES, FL, 34104 STREET ADDRESS 1131 JARDEN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 ☐ Delete D, VP JUNG, BEATE NAME BEATE JUNG 1131 JARDEN DRIVE STREET ADDRESS STREET ADDRESS 1131 ) ARDEN DRIVE, NAPLES, FL, 34104 CITY-ST-7IP NAPLES FL 34104 CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/2 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: -

TITLE

NAME STREET ADDRESS

> STATULE PHANS JUNED PRESIDENT 4/11/2000 941 435 3506 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR