

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State
 02-09-2000 90243 001 *2,381.25

DOCUMENT # P99000062714

1. Entity Name
BLUE NARANJA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5505 NORTH ATLANTIC AVENUE
SUITE 115
COCOA BEACH FL 32931

Mailing Address
5505 NORTH ATLANTIC AVENUE
SUITE 115
COCOA BEACH FL 32931-5102

2. Principal Place of Business
5505 N. Atlantic Ave.
 Suite, Apt. #, etc.
115

3. Mailing Address
5505 N. Atlantic Ave.
 Suite, Apt. #, etc.
115

City & State
Cocoa Beach, FL

City & State
Cocoa Beach, FL

4. FEI Number
59-3599968

Applied For
☐ Not Applicable

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

Zip
32931

Country
USA

Zip
32931

Country
USA

6. Name and Address of Current Registered Agent
HARTMAN, MICHAEL A
5505 NORTH ATLANTIC AVENUE
SUITE 115
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent
 Name
Jacqueline McPhillips
 Street Address (P.O. Box Number is Not Acceptable)
5505 N. Atlantic Ave., #115
 City
Cocoa Beach **FL** Zip Code
32931

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida.

SIGNATURE *Jacqueline McPhillips* 1-14-00
 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, 2000 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDING, NEAL			NAME	Harding, Neal		
STREET ADDRESS	5505 NORTH ATLANTIC AVENUE, SUITE 115			STREET ADDRESS	5505 N. Atlantic Ave., #115		
CITY-ST-ZIP	COCOA BEACH FL 32931			CITY-ST-ZIP	Cocoa Beach, FL 32931		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D/V/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAULKERSON, THOMAS J			NAME	Fulkerson, Thomas J.		
STREET ADDRESS	5505 NORTH ATLANTIC AVENUE, SUITE 115			STREET ADDRESS	5505 N. Atlantic Ave.		
CITY-ST-ZIP	COCOA BEACH FL 32931			CITY-ST-ZIP	Cocoa Beach, FL 32931		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Neal Harding*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #