

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90195 019 ***150.00

DOCUMENT # P99000076875

1. Entity Name

BLU WORLD, INC.

Principal Place of Business
4560 PALMETTO AVE
3500 ALOMA AVE, SUITE W-8
WINTER PARK FL 32792

Mailing Address
4560 PALMETTO AVE.
3500 ALOMA AVE, SUITE W-8
WINTER PARK FL 32792

656832



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4560 PALMETTO AVE.
 Suite, Apt. #, etc.

3. Mailing Address
4560 PALMETTO AVE.
 Suite, Apt. #, etc.

City & State
WINTER PARK, FL

City & State
WINTER PARK, FL

4. FEI Number **59-3594583**

Applied For
 Not Applicable

Zip **32792** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRUMMOND, JAMES B
3500 ALOMA AVE, SUITE W-8
WINTER PARK FL 32792

Name

Street Address (P.O. Box Number is Not Acceptable)

4560 PALMETTO AVE.

City

FL

Zip Code

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]

4-17-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **DRUMMOND, JAMES B**
 STREET ADDRESS **3500 ALOMA AVE, SUITE W-8**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **DRUMMOND, SEAN W**
 STREET ADDRESS **516 VAUGHN ST**
 CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SIDDENS, CLINT X**
 STREET ADDRESS **2965 BEALE ST**
 CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES BEACH DRUMMOND

Date

Daytime Phone #

4-17-01 407-673-7666

CR2E034 (10/00)