2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90966 004 ***160.00

DOCUMENT # P99000091856

1. Entity Name
BLUE HOUSE, INC.

Principal Place of Business	Mailing Address
236 OAK CHASE PLACE DAVENPORT, FL 33896-6102	236 OAK CHASE PLACE DAVENPORT, FL 33896-6102

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3613047** — Applied For / Not Applicable

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
J. BENNETT GROCOCK, P.A. 205 E. CENTRAL BLVD. SUITE 601 ORLANDO, FL 32801	Name: GUICHERIT, STEVEN F Street Address (P.O. Box Number is Not Acceptable): 236 OAK CHASE PLACE City: DAVENPORT FL Zip Code: 33896

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 4/25/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DST NAME VAN DIJK, HENK STREET ADDRESS 205 E. CENTRAL BLVD., SUITE 601 CITY-ST-ZIP ORLANDO, FL 32801	☐ Delete	TITLE NAME STREET ADDRESS 513 MARILYN LANE CITY-ST-ZIP DAVENPORT - FLORIDA - FL 33897	☒ Change ☐ Addition
TITLE PD NAME GUICHERIT, STEVEN F STREET ADDRESS 205 E. CENTRAL BLVD., SUITE 601 CITY-ST-ZIP ORLANDO, FL 32801	☐ Delete	TITLE NAME STREET ADDRESS 1154 JAYBEE AVENUE CITY-ST-ZIP DAVENPORT - FL 33897	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/25/03 863-4202697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)