2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

SIGNATURE:

with an address, with all other like empowered.

FILED DOCUMENT # P99000096589 Mar 06, 2000 8:00 am 1. Entity Name TWO POINTE BLUE, INC. **Secretary of State** 03-06-2000 90083 023 ***150.00 Principal Place of Business Mailing Address 2023 GREGORY ROAD 2023 GREGORY ROAD ORLANDO FL 32825 ORLANDO FL 32825-7618 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ree Required 7.-Name and Address of New Registered Agent-<u>Gregory</u> BROMSTAD, DAVID Street Address (P.O. Box Number is Not Acceptable 2023 GREGORY ROAD >YEGOR ORLANDO FL 32825 [™] 2008 25 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change X Addition TITLE ☐ Delete TITLE wid Bomstad NAME NAME 2023 Gregory Road STREET ADDRESS STREET ADDRESS Orlando Fl CITY-ST-ZIP X Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE_ 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 eath; 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