

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V51269

1. Entity Name

BLUE EMULATIONS, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90079 012 ***150.00

Principal Place of Business

603 NEWPORT AVE
ALTAMONTE SPRING FL 32701
US

Mailing Address

603 NEWPORT AVE
ALTAMONTE SPRING FL 32771-6482
US

2. Principal Place of Business

264 MEADOW BEAUTY TERR
Suite, Apt. #, etc.

3. Mailing Address

264 MEADOW BEAUTY TERR
Suite, Apt. #, etc.

City & State

SANFORD FL.

City & State

SANFORD FL

4. FEI Number

59-3137134

Applied For

Not Applicable

Zip

32771

Country

US

Zip

32771

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRITTELLI, ROBERT
603 NEWPORT AVE
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name

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

264 MEADOW BEAUTY TERR

City

SANFORD

FL

Zip Code

32771

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, 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

TITLE P ☒ Delete
NAME FRITTELLI, ROBERT
STREET ADDRESS 603 NEWPORT AVE
CITY-ST-ZIP ALTAMONTE SPRING FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES. ☒ Change ☐ Addition
NAME FRITTELLI, ROBERT
STREET ADDRESS 264 MEADOW BEAUTY TERR.
CITY-ST-ZIP SANFORD FL 32771

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

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 information covered.

SIGNATURE:

Robert Frittelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-2K 407-302-4242