2001 UNIFORM BUSINESS REPORT (UBR)

Apr 05, 2001 8:00 am Secretary of State **DOCUMENT # V59252** 1. Entity Name BLUE MARLIN REALTY, INC. 04-05-2001 90039 032 ***150.00 Principal Place of Business Mailing Address 4101 RAVENSWOOD ROAD 4101 RAVENSWOOD ROAD STE 226 STF 226 FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State - -4. FEI Number .. 65-0361795 Not Applicable Zip Country ---Zip - ----Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUKE, WALTER B JII 1 Street Address (P.O. Box Number is Not Acceptable) 4101 RAVENSWOOD ROAD **STE 226** FT LAUDERDALE FL 33312 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 117 OFFICERS AND DIRECTORS 12. CR2E034 (10/00) ☐ Addition Change TITLE ☐ Delete DUKE, WALTER B. III NAME STREET ADDRESS 4101 RAVENSWOOD RD STE 226 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE MCLEMORE, SCOTT M. NAME 4101 RAVENSWOOD RD STE 226 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 52 ☐ Change ■ Addition TITLE TITLE ☐ Delete CLOBUS, ROBERT D. NAME NAME STREET ADDRESS STREET ADDRESS 4101 RAVENSWOOD RD STE 226 CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL ☐ Change Addition Delete ΠΠΕ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP ~ ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 after an 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 edgless, with all other like empowered. SIGNATURE: