## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 12, 2002 8:00 am § Secretary of State **DOCUMENT #** V59252 1. Entity Name 05-12-2002 90647 003 \*\*\*150.00 BLUE MARLIN REALTY, INC. Principal Place of Business Mailing Address 4101 RAVENSWOOD ROAD 4101 RAVENSWOOD ROAD **STE 226** STE 226 FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312 US 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 Applied For 65-0361795 Not Applicable Zip 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 Name DUKE, WALTER B III Street Address (P.O. Box Number is Not Acceptable) 4101 RAVENSWOOD ROAD **STE 226** FT LAUDERDALE FL 33312 City Zip Code 8. The above named entity submits this atatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 4/23/02 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME DUKE, WALTER B. III NAME STREET ADDRESS 4101 RAVENSWOOD RD STE 226 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCLEMORE, SCOTT M. NAME STREET ADDRESS 4101 RAVENSWOOD RD STE 226 STREET ADDRESS CITY-ST-7IP FT LAUDERDALE FL 52 CITY-ST-ZIP TITLE Delete Change ☐ Addition CLOBUS, ROBERT D. . . . NAME STREET ADDRESS 4101 RAVENSWOOD RD STE 226 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

16 Qualter B SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR