

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
 05-12-2000 90056 035 ***158.75

DOCUMENT # **99000001532**
 1. Entity Name
Blue Water Environmental of Florida, Inc.

Principal Place of Business Mailing Address

00048487

2. Principal Place of Business
2336 Tyronne Road
 Suite, Apt. #, etc.

3. Mailing Address
2336 Tyronne Road
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Middleburg FLA
 Zip
32068 Country
US

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Middleburg FLA
 Zip
32068 Country
US

4. FEI Number
59-3550773 Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
John F. Pastore
2336 Tyronne Rd.
Middleburg FL 32068

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

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	☐ 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	☐ 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		
TITLE	☐ Change ☐ Addition	
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 like empowered.

SIGNATURE: **John F. Pastore** **4/25/00** **806-1184**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)