

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90015 009 \*\*\*550.00

**DOCUMENT # H29428**

1. Entity Name  
**BLUEWATER ENVIRONMENTAL SERVICES, INC.**

Principal Place of Business      Mailing Address

**10341 EAST HIGHWAY 92 (TAMPA, FL 33610)**      **10341 EAST HIGHWAY 92 (TAMPA, FL 33610)**  
**P.O. BOX 1669**      **P.O. BOX 1669**  
**BRANDON FL 33509**      **BRANDON FL 33509-1669**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

*122 Linsley Ave.*      *P.O. Box 1669*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*P.O. Box 1669*      *P.O. Box 1669*  
 City & State      City & State  
*Brandon*      *Brandon, FL*  
 Zip      Zip      Country      Country  
*FL 33509*      *33509*      *USA*      *USA*

4. FEI Number      Applied For

**59-2464386**       Not Applicable

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

    

6. Name and Address of Current Registered Agent

**SPICHER, DENNIS L.**  
**10341 W. HWY 92**  
**TAMPA FL 33610**

7. Name and Address of New Registered Agent

Name *Spicher, Dennis L.*  
 Street Address (P.O. Box Number is Not Acceptable) *122 Linsley Ave*  
 City *Brandon*      FL      Zip Code *33509*

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 *Dennis L. Spicher*      *Dennis L. Spicher*      *7-30-00*  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VMT</b> <b>SPICHER, DENNIS</b> <b>10341 E. HWY 92</b> <b>TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD</b> <b>SPICHER, LYNETTE</b> <b>10341 E. HWY 92</b> <b>TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>122 Linsley Ave</i> <i>Brandon FL</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Address only</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>122 Linsley Ave</i> <i>Brandon FL</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Address only</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dennis L. Spicher*      *7-30-00*      *813422-8160*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)