

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90117 033 ***150.00

DOCUMENT # H85458

1. Entity Name
BLUEWATER RACQUET & FITNESS CENTER, INC.



Principal Place of Business
**4400 HWY. 20 EAST
PO BOX 5129
NICEVILLE FL 32578**

Mailing Address
**4400 HWY. 20 EAST
P O BOX 277
CRESTVIEW FL 32536**



2. Principal Place of Business

3. Mailing Address

Post Office Box 277

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Crestview, FL

4. FEI Number **59-2620792**

Applied For

Not Applicable

Zip

Country

Zip
32536

Country
Okaloosa

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANCOCK, STEVEN W.
4400 HIGHWAY 20 EAST
SUITE 401
NICEVILLE FL 32578**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **HANCOCK, STEVEN W.**
STREET ADDRESS **4400 HWY 20 EAST #401**
CITY-ST-ZIP **NICEVILLE FL**

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

TITLE **VD** ☐ Delete
NAME **POWELL, GILLIS E. JR.**
STREET ADDRESS **PO BOX 277,NA**
CITY-ST-ZIP **CRESTVIEW FL**

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

TITLE **STD** ☐ Delete
NAME **POWELL, DIXIE DAN**
STREET ADDRESS **PO BOX 277,NA**
CITY-ST-ZIP **CRESTVIEW FL**

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

TITLE **D** ☐ Delete
NAME **POWELL, GILLIS E. SR.**
STREET ADDRESS **P.O. BOX 277, NA**
CITY-ST-ZIP **CRESTVIEW FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE:

Steven E. Powell Sr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-13-03

Date

Daytime Phone #

CR2E034 (10/02)