

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90056 050 ****50.00

DOCUMENT # L00000005963

1. Entity Name

BAY BREEZE WATER TOWER, LLC

Principal Place of Business

**100 OLD FERRY ROAD, BOX 189
 SHALIMAR FL 32579**

Mailing Address

**P.O. BOX 798
 SHALIMAR FL 32579**

2. Principal Place of Business

13 MEIGS DRIVE

3. Mailing Address

Suite, Apt. #, etc.

PO BOX 798

Suite, Apt. #, etc.

City & State

SHALIMAR, FL

City & State

Zip

32579

Country

USA

Zip

Country

4. FEI Number

APPLIED FOR

62-1805066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MAXON, ROBERT P JR.
 13 MEIGS DRIVE
 SHALIMAR FL 32579**

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MBR** ☐ Delete
 NAME **SHALIMAR MARINA, L.P.**
 STREET ADDRESS **100 OLD FERRY ROAD**
 CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **MGR** ☐ Delete
 NAME **SHALIMAR MARINA, INC.**
 STREET ADDRESS **100 OLD FERRY ROAD**
 CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **ROBERT P. MAXON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/18/02 850-657-5201

CR2E083 (9/01)