

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012042

1. Entity Name

BLUEWATER GROUP OF COMPANIES, LLC

FILED 4/1/16
01 JAN 11 AM 10:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

13100 PARK BLVD., SUITE C
SEMINOLE FL 33776

Mailing Address

13100 PARK BLVD., SUITE C
SEMINOLE FL 33776



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13100 PARK BLVD.

3. Mailing Address

13100 PARK BLVD.

Suite, Apt. #, etc.

SUITE C

Suite, Apt. #, etc.

SUITE C

City & State

SEMINOLE FL

City & State

SEMINOLE FL

Zip

33776

Country

Zip

33776

Country

4. FEI Number

59-3677835

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DRESLIN, DAVID G
13100 PARK BLVD., SUITE C
SEMINOLE FL 33776

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

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM
NAME DUNCAN, JAMES G
STREET ADDRESS 1501 GULF BLVD., SUITE 101
CITY-ST-ZIP CLEARWATER FL 33767

TITLE MGRM
NAME DRESLIN FINANCIAL SERVICES, INC.
STREET ADDRESS 13100 PARK BLVD., SUITE C
CITY-ST-ZIP SEMINOLE FL 33776

TITLE MGRM
NAME DAVID G. DRESLIN
STREET ADDRESS 13100 PARK BLVD., SUITE C
CITY-ST-ZIP SEMINOLE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE MGRM
NAME DAVID G. DRESLIN
STREET ADDRESS 13100 PARK BLVD., SUITE C
CITY-ST-ZIP SEMINOLE, FL 33776

TITLE
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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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

1-9-2002 (727) 397-7439

CR2E083 (11/00)