

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90070 014 *****50.00

DOCUMENT # L01000000157

1. Entity Name

BLUEWATER MEDIA, L.C.

Principal Place of Business

**1300 NORTH BLVD.
TAMPA FL 36607**

Mailing Address

**2045 3RD AVENUE NORTH
ST PETERSBURG FL 33713**

2. Principal Place of Business

12445 62nd Street N.

3. Mailing Address

Suite, Apt. #, etc.

Suite 305

City & State

Zip

Country

Largo, Florida

Zip

33773

Country

U.S.A.

4. FEI Number

59-3717785

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LATIMER, LORI E
2045 THIRD AVENUE NORTH
ST. PETERSBURG FL 33713**

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LATIMER, ANDREW B
2045 THIRD AVENUE NORTH
ST. PETERSBURG FL 33713** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CRUMP, DAVID
476 BELMIST COURT
DUNEDIN FL 34698** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LORI ELKINS LATIMER
2045 THIRD AVENUE NORTH
ST. PETERSBURG FL 33713** ☐ Delete

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

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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

1/5/02

Date

7278230169

Daytime Phone #

CR2E083 (9/01)