

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000221

1. Entity Name  
BLUE WATER CHARTERS OF PENSACOLA, INC.

Principal Place of Business Mailing Address  
3216 S. HIGHWAY 95-A 3216 S. HIGHWAY 95-A  
CANTONMENT, FL 32533 CANTONMENT, FL 32533

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

6. Name and Address of Current Registered Agent  
GODWIN, RALPH L JR.  
2920 STEFANI ROAD  
CANTONMENT FL 32533

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUN 15 AM 10:34  
80099969

4. FEI Number  
59-3634414

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

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
3216 S. HIGHWAY 95-A  
City CANTONMENT FL Zip Code 32533

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐  
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS |                                 |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                              |  |
|----------------------------|---------------------------------|--|-------------------------------------------------------|------------------------------------------------------------------------------|--|
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE                                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       |                                 |  | NAME                                                  |                                                                              |  |
| STREET ADDRESS             |                                 |  | STREET ADDRESS                                        |                                                                              |  |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP                                           |                                                                              |  |
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE                                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       |                                 |  | NAME                                                  |                                                                              |  |
| STREET ADDRESS             |                                 |  | STREET ADDRESS                                        |                                                                              |  |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP                                           |                                                                              |  |
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                                 |  | NAME                                                  |                                                                              |  |
| STREET ADDRESS             |                                 |  | STREET ADDRESS                                        |                                                                              |  |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP                                           |                                                                              |  |
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                                 |  | NAME                                                  |                                                                              |  |
| STREET ADDRESS             |                                 |  | STREET ADDRESS                                        |                                                                              |  |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP                                           |                                                                              |  |
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                                 |  | NAME                                                  |                                                                              |  |
| STREET ADDRESS             |                                 |  | STREET ADDRESS                                        |                                                                              |  |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP                                           |                                                                              |  |

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: *Ralph L. Godwin, Jr.* 4-26-00 850-477-5968  
RALPH L. GODWIN, JR. Date