

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011789

1. Entity Name

BLUEWATER MARINE OF ST. AUGUSTINE, INC.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90024 036 ***150.00

Principal Place of Business Mailing Address
256 RIBERIA-ST 1093 A1A BEACH BLVD BOX 241
ST-AUGUSTINE FL 32084 ST-AUGUSTINE FL 32084

2. Principal Place of Business 3. Mailing Address
111 AVENIDA MENENDEZ 111 AVENIDA MENENDEZ
Suite, Apt. #, etc. Suite, Apt. #, etc.

SUITE B SUITE B
City & State City & State
ST. AUGUSTINE FL ST. AUGUSTINE FL

Zip Country Zip Country
32084 USA 32084 USA

6. Name and Address of Current Registered Agent
SCHEFFEY, WILLIAM L
256 RIBERIA-ST
ST-AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE
59-3650549
4. FEI Number 6508-023460-89-6
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name SCHEFFEY, WILLIAM L.
Street Address (P.O. Box Number is Not Acceptable)
111 AVENIDA MENENDEZ
SUITE B
City ST. AUGUSTINE FL Zip Code 32084

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 *William L. Scheffey* 1/15/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) D/E

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
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 | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SCHEFFEY, DORIS O | | NAME | | |
| STREET ADDRESS | 1093 A1A BEACH BLVD BOX 241 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST AUGUSTINE FL 32084 | | CITY-ST-ZIP | | |
| TITLE | V | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SCHEFFEY, WILLIAM L | | NAME | | |
| STREET ADDRESS | 256 RIBERIA-ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST-AUGUSTINE FL 32084 | | CITY-ST-ZIP | | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MONROW, GERALD L | | NAME | | |
| STREET ADDRESS | 1093 A1A BEACH BLVD BOX 241 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST AUGUSTINE FL 32084 | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SCHEFFEY, WILLIAM L. | | NAME | | |
| STREET ADDRESS | 111 AVENIDA MENENDEZ STE B | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST. AUGUSTINE, FL 32084 | | 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: *William L. Scheffey* 1/15/01 904-377-0745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0002408

CR2E034 (10/00)