

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90063 041 ***150.00

DOCUMENT # P00000040353

1. Entity Name

BLUE WATER TITLE ACCESS, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

15951 SW 41ST STREET

3. Mailing Address

15951 SW 41ST STREET

Suite, Apt. #, etc.

800

Suite, Apt. #, etc.

800

City & State

WESTON FL

City & State

WESTON FL

4. FEI Number

65-1007731

Applied For

Not Applicable

Zip

33331

Country

US

Zip

33331

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSEN, JEROME L.
 7880 NORTH UNIVERSITY DRIVE
 TAMARAC FL 33321

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
 NAME OBERLAENDER, JON P
 STREET ADDRESS 7432 SW 13TH STREET
 CITY-ST-ZIP NORTH LAUDERDALE FL 33068

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-2001

800-736-0094

Date

Daytime Phone #

CR2E034 (11/00)