

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000115724**1. Entity Name
BRIGHTWATER CAPITAL VENTURES, INC.

Principal Place of Business THE KRESS BLDG, STE M-8 475 CENTRAL AVE ST PETERSBURG FL 33701	Mailing Address THE KRESS BLDG, STE M-8 475 CENTRAL AVE ST PETERSBURG FL 33701
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2. Principal Place of Business THE KRESS BLDG, STE M-8	3. Mailing Address THE KRESS BLDG, STE M-8
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Suite, Apt. #, etc. 475 CENTRAL AVENUE	Suite, Apt. #, etc. 475 CENTRAL AVENUE
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City & State ST PETERSBURG FL	City & State ST PETERSBURG FL
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Zip 33701	Country US	Zip 33701	Country US
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4. FEI Number 59-3689215	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MASCARA ERNEST L**
THE KRESS BLDG, STE M-8 475 CENTRAL AVE

ST PETERSBURG FL 33701**7. Name and Address of New Registered Agent**

Name MASCARA ERNEST L
Street Address (P.O. Box Number is Not Acceptable) THE KRESS BLDG, STE M-8
475 CENTRAL AVENUE
City ST PETERSBURG FL Zip Code 33701

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 _____ **04/18/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT MICHAEL THE KRESS BLDG, STE M-8 475 CENTRAL AVE ST PETERSBURG FL 33701	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT MICHAEL 475 CENTRAL AVENUE, SUITE M-8 ST PETERSBURG FL 33701	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME 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: MICHAEL KNIGHT**D****04/18/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)