

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90429 016 ***150.00

DOCUMENT # P00000115724

1. Entity Name

BRIGHTWATER CAPITAL VENTURES, INC.

Principal Place of Business

**THE KRESS BLDG. STE M-8
 475 CENTRAL AVENUE
 ST PETERSBURG FL 33701
 US**

Mailing Address

**THE KRESS BLDG. STE M-8
 475 CENTRAL AVENUE
 ST PETERSBURG FL 33701
 US**

2. Principal Place of Business

The Pier 800 2nd Ave NE

3. Mailing Address

The Pier 800 2nd Ave N.E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33701

Country

U.S.

Zip

33701

Country

U.S.

6. Name and Address of Current Registered Agent

**MASCARA, ERNEST L
 THE KRESS BLDG, STE M-8
 475 CENTRAL AVENUE
 ST PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name **Knight, Michael C/O M J TOONS**
 Street Address (P.O. Box Number is Not Acceptable)
The Pier - 800 2nd Ave N.E.
 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 **M D I Knight** **MICHAEL DAVID I KNIGHT** **4-9-02**
 Signature, typed or printed name of registered agent and fee 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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	KNIGHT, MICHAEL	
STREET ADDRESS	475 CENTRAL AVENUE, SUITE M-8	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.O.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Knight, Michael	
STREET ADDRESS	475 Central Ave Suite M-8	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	P.O.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Knight, Michael C/O M J TOONS	
STREET ADDRESS	The Pier 800 2nd Ave. N.E.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **MICHAEL DAVID I KNIGHT** **4-9-02** **727-8953191**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)