

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0081648  
AV

**DOCUMENT #** P01000006818

**1. Entity Name**  
BLUE WATER LANDSCAPE & LAKE MANAGEMENT, INC.



FILED

03 DEC 31 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
1808 PALM BEACH TRACE  
ROYAL PALM BEACH FL 33411

**Mailing Address**  
1808 PALM BEACH TRACE  
ROYAL PALM BEACH FL 33411

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
1628 Royal Palm Beach Blvd.  
Suite, Apt. #, etc.  
# 1626

**City & State**  
Royal Palm Beach, FL

**Zip**  
33411

**Country**  
USA

**REINSTATEMENT**  
CHECK HERE IF MAKING CHANGES

**4. FEI Number** 65-1070651

**Applied For**  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
GRAHAM, LEWIS  
1808 PALM BEACH TRACE  
ROYAL PALM BEACH FL 33411

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
700023522617  
10/02/03--01084--025 \*\*\$50.00  
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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	GRAHAM, LEWIS	
STREET ADDRESS	1808 PALM BEACH TRACE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRAHAM, MARA	
STREET ADDRESS	1808 PALM BEACH TRACE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
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		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** S. MORALES **FE REQUIRED** 9/1/2003 (561) 795-5054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)