

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000040592

1. Entity Name

CHESAPEAKE BLUEWATER CHARTERS, INC.

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90083 019 ***150.00

Principal Place of Business

83409 OVERSEAS HWY.
ISLAMORADA FL 33036

Mailing Address

83407 OVERSEAS HWY.
ISLAMORADA FL 33036

2. Principal Place of Business

83409 Overseas Hwy
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 386
Suite, Apt. #, etc.

City & State

Islamorada FL.

City & State

Islamorada FL.

4. FEI Number

65-1101474

Applied For

Not Applicable

Zip

33036

Country

U.S.

Zip

33036

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, URBAN J.W.

82681 OVERSEAS HWY.
ISLAMORADA FL 33036

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) ☐

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 NAME ☐ Delete
President
Duane Grovier
STREET ADDRESS
83407 Overseas Hwy
CITY-ST-ZIP
Islamorada FL. 33036

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Duane Grovier

Date

4-23-02 (305) 293-2665

Daytime Phone #

CR2E034 (9/01)