

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90033 022 ***150.00

DOCUMENT # P01000056959

1. Entity Name

BLUE WATER PLUMBING CONTRACTORS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1486 SKEES ROAD

3. Mailing Address

1486 SKEES ROAD

Suite, Apt. #, etc.

SUITE E

Suite, Apt. #, etc.

SUITE E

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

4. FEI Number

65-1123409

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

33411

Country

PALM BEACH

Zip

33411

Country

PALM BEACH

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

BRAD HOPPLE

Street Address (P.O. Box Number is Not Acceptable)

1484 SKEES ROAD

SUITE E

City

WEST PALM BEACH

FL

Zip Code

33411

**DO NOT WRITE
IN THIS SPACE**

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

4/29/02

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 P/T
NAME BRAD HOPPLE
STREET ADDRESS 1250 KINGLET TERRACE, WELLINGTON
CITY - ST - ZIP 33414 FL

TITLE S
NAME ROSE SULLARD
STREET ADDRESS 2715 FREDERICK BLVD.
CITY - ST - ZIP DELRAY BEACH, FL 33483

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

4/29/02

561-721-3330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)