

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 27, 2002 8:00 am
Secretary of State

05-27-2002 90327 040 ***150.00

DOCUMENT # P01000097586

1. Entity Name

DEEP BLUE WATERS, INC.

Principal Place of Business

C/O Jeremy D. Norcross
1024 N HWY A1A Ste 100
Satellite Beach, FL 32937
US

Mailing Address

C/O Jeremy D. Norcross
1024 N HWY A1A Ste 100
Satellite Beach, FL 32937
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
59-3749072

Appr

Not App

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

6. Name and Address of Current Registered Agent

Jeremy D. Norcross
1024 N HWY A1A Ste 100
Satellite Beach, FL 32937

7. Name and Address of New Registered Agent

Name

Douglass A. Person, CPA PA

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

1413 So. Patrick Drive

Suite 7

City

Indian Harbour Beach

FL

Zip Code
32937

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]

Douglass A. Person, CPA, PA

4/29/02

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 ☐ **\$5.00 Max. Added to Fee**
Trust Fund Contribution

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	Jeremy D. Norcross	
STREET ADDRESS	480 Grant Avenue	
CITY-STATE-ZIP	Satellite Beach, FL 32937	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
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CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Jeremy D. Norcross

4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR