

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000127827

FILED
Apr 22, 2003
Secretary of State

Entity Name: BLUE WATER ADDICTION, INC.

Current Principal Place of Business:

818 PARK LAKE PLACE
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

818 PARK LAKE PLACE
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 06-1669069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLCOMB, KATHERINE
818 PARK LAKE PLACE
MAITLAND, FL 32751

Name and Address of New Registered Agent:

HOLCOMB, KATHERINE L MRS.
818 PARK LAKE PLACE
MAITLAND, FL 32751

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: KATHERINE L. HOLCOMB

04/22/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLCOMB, W. WALKER
Address: 818 PARK LAKE PLACE
City-St-Zip: MAITLAND, FL 32751

Title: VSTD () Delete
Name: HOLCOMB, KATHERINE
Address: 818 PARK LAKE PLACE
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE L. HOLCOMB

VSTD

04/22/2003

Electronic Signature of Signing Officer or Director

Date