

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P39237**

1. Entity Name

BLUE WATER INN AND MARINA, INC.**FILED****Jan 25, 2001 8:00 am**
Secretary of State

01-25-2001 90137 001 ***150.00

80009427

DO NOT WRITE IN THIS SPACE

Principal Place of Business 102 MIRAMAR DRIVE MEXICO BEACH FL 32410 US	Mailing Address 116 TALLOKAS TRAILS MOULTRIE GA 31768 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 58-1993055	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
GUILFORD, CHARLES E. 110 N. 39TH STREET MEXICO BEACH FL 32410	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	ST BRIGGS, JEFF L	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	116 TALLOKS TRAILS	NAME	
STREET ADDRESS	MOULTRIE GA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D MOSS, RICK L.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUTE 1, BOX 86	NAME	
STREET ADDRESS	DOERUN GA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D MOBLEY, J. MARK	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	105 POPLAR TRAIL	NAME	
STREET ADDRESS	MOULTRIE GA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D GUILFORD, CHARLES E.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	110 N. 39TH ST.	NAME	
STREET ADDRESS	MEXICO BEACH FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D HEARD, FRANK S.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUTE 3, BOX 82	NAME	
STREET ADDRESS	PAVO GA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D BRIGGS, JOHN G.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	721 2ND ST., S.W.	NAME	
STREET ADDRESS	MOULTRIE GA	STREET ADDRESS	
CITY-ST-ZIP		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: Jeff Briggs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01

Date

912-958-3159

Daytime Phone #

CR2E034 (10/00)