

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047442

1. Entity Name

BLUEWATER DIVER & REPAIR, INC.

Principal Place of Business

6243 HAINES RD NO
ST PETERSBURG FL 33702-131
US

Mailing Address

6243 HAINES RD NO
ST PETERSBURG FL 33702-131
US

2. Principal Place of Business

3. Mailing Address

4351 Burlington Ave No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Petersburg FL

Zip

Country

Zip

Country

33713 USA

4. FEI Number

59-3252319

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARRISON, CINDY LEE

11253-60TH ST. N.

PINELLAS PARK FL 33782

Name

GALLUP, CHRISTOPHER

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

4351 Burlington Ave No.

City

St. Petersburg

FL

Zip Code

33713

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

CHRISTOPHER GALLUP

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

3/22/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GARRISON, CINDY L
STREET ADDRESS 11253 60TH ST. N
CITY-ST-ZIP PINELLAS PARK FL 33782☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
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CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition

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 lives empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90604 045 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)