

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

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90244 018 \*\*\*150.00

DOCUMENT # P94000047442

1. Entity Name

Bluewater Diver & Repair, Inc.



**DO NOT WRITE IN THIS SPACE**

11017183

2. Principal Place of Business

6243 Haines Rd N

Suite, Apt. #, etc.

3. Mailing Address

4351 Burlington Ave N

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg FL

City & State

St. Petersburg FL

4. FEI Number

59-3252319

Applied For  
Not Applicable

Zip

33702

Country

USA

Zip

33713

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Christopher Gallup

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

4351 Burlington Ave N

City

St. Petersburg

FL

Zip Code

33713

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1, May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Director
NAME	Susan Gallup
STREET ADDRESS	4351 Burlington Ave N
CITY-ST-ZIP	St. Petersburg FL 33713
TITLE	President
NAME	Christopher Gallup
STREET ADDRESS	4351 Burlington Ave N
CITY-ST-ZIP	St. Petersburg FL 33713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

Susan Gallup

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 727/526-5352

Date

Daytime Phone #

CR2E034B (12/02)