$150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 10 AM 8:00

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DOCUMENT # P95000033199

1. Entity Name
BLUEWATER CHARTERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9155 S. DADELAND BLVD.	9155 S. DADELAND BLVD.
Suite, Apt. #, etc. PENTHOUSE I, STE. 1712	Suite, Apt. #, etc. PENTHOUSE I, STE. 1712
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33156-2742 / Country MIAMI-DADE	Zip 33156-2742 / Country MIAMI-DADE

DO NOT WRITE IN THIS SPACE
01/23/03 90338 001 *300.00 MRS

4. FEI Number 65-0574209 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JEFFREY B. FLICK

Street Address (P.O. Box Number is Not Acceptable):
9155 S. DADELAND BLVD., PH-I, SUITE 1712

City: MIAMI FL Zip Code: 33156-2742

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P/D	TITLE	
NAME	Jeffrey Flick	NAME	
STREET ADDRESS	9155 S. Dadeland Blvd., PH-I,1712	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33156-2742	CITY-ST-ZIP	
TITLE	EVP/D	TITLE	
NAME	Sandra Flick	NAME	
STREET ADDRESS	9155 S. Dadeland Blvd., PH-I,1712	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33156-2742	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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: _____ PRESIDENT 01/17/2003 305-671-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #