2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P95000040559

1. Entity Name

M & M BLUE WATER BUILDERS INC.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90148 047 ***150.00

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Principal Place of Business 2404 ALABASTER AVENUE ORLANDO FL 32833		Mailing Address 2404 ALABASTER AVENUE ORLANDO FL 32833								
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2. Principal	Place of Business	3. Mailing A	ddress							
					- }				1841 1851	
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & Sta	City & State							
<u> </u>	·	Ony a bie	iio		4.	FE! Number 59-3316682			Applied For Not Applicable	
Zip Country		Zip Cou		Country	-	T. Configuration of the config		¢9.75		
<u> </u>	6. Name and Address of Curre	nt Rogistared A-				Certificate of Status Desired		Fee Requi		
	or Mario and Address of Curre	in Registered Ag	ent	Name	7.	Name and Address of New R	egistered /	Agent		
MAY, MO	ONTY		•	Name						
	ABASTER AVENUE			Street Addr	ess (P.O. I	Box Number is Not Acceptable				
	0 FL 32833			<u> </u>						
01101110	O 1 L 02000									
				City			FL	Zip Co		
8. The above the obliga	e named entity submits this statement ations of registered agent.	for the purpose of	changing its regis	stered office or reg	istered ag	gent, or both, in the State of Flor	ida. I am f	amiliar with	n, and accept	
SIGNATURE										
	Signature, typed or printed name of registered age	ant and title if applicable.	(NOTE: Regis	stered Agent signature re	quired when r	reinstating)	DATE			
Afte ﷺ	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	of State				9. Election Campaign Fina Trust Fund Contribution		\$5. Adde	00 May Be	
10.		D DIRECTORS		11.	ΔΓ	L DDITIONS/CHANGES TO OFFIC	CEDE AND	DIDECTOR	20 101 44	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MANUATINE SEQUIRED
SIGNATURE AND TYPED OR PRINTER OF SIGNING OFFICER OR DIRECTOR

1/14/03 407 568-0079