

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000052549

1. Entity Name

BACKWATER MARINE, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90239 014 ***150.00

Principal Place of Business

375 WALKER ROAD
 NEW SMYRNA BEACH FL 32168

Mailing Address

375 WALKER ROAD
 NEW SMYRNA BEACH FL 32168

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

59-3380508

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HUFF, JOHN
 51 CUNNINGHAM DRIVE
 NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent

Name

~~SID C. PETERSON~~

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

~~412 CANAL STREET~~

City

~~NEW SMYRNA BEACH~~

FL

Zip Code

32168

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

John Huff

JOHN HUFF

4-28-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	HUFF, JOHN	
STREET ADDRESS	51 CUNNINGHAM DRIVE	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HENRY, TOM	
STREET ADDRESS	203 CASTLE STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, JAY	
STREET ADDRESS	375 WALKER ROAD	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORMSBY, ANGEREAU	
STREET ADDRESS	2690 SPRUCE CREEK BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAAF, FRANK C	
STREET ADDRESS	967 SMOKERISE BLVD.	
CITY-ST-ZIP	PORT ORANGE FL, 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Jay Wilson JAY WILSON

4-28-00

904-427-4514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)