

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000055512**

1. Entity Name

BLUE WATER INTERNATIONAL, INC.**FILED**
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90120 001 ***275.00

07-31-2001 90120 002 ***275.00

- 77131

DO NOT WRITE IN THIS SPACE

Principal Place of Business 4731 WEST KNIGHTS AVENUE TAMPA FL 33611		Mailing Address 107 SOUTH FRANKLIN STREET TAMPA FL 33602	
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 59-3386209		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDBERG, GLENN 100 SOUTH ASHLEY DR SUITE 2200 TAMPA FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HEFFERNAN, JOHN 4731 WEST KNIGHTS AVENUE TAMPA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEYER, JEROME 4731 WEST KNIGHTS AVENUE TAMPA FL 33611 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TATISHA, LYNN 4731 WEST KNIGHTS AVE TAMPA FL 33611 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACE, STEPHEN 4601 SAN JOSE TAMPA FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. and TREASURER. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MACE, STEPHEN 4601 SAN JOSE DR TAMPA FL 33602 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE 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 like empowered.			
SIGNATURE: John P. Heffernan		7-13-01 813-225-4288	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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CR2E034 (10/00)