

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000099048**

Entity Name

KEY LIME BLUEWATER CORP.**FILED****May 11, 2000 8:00 am**
Secretary of State

05-11-2000 90298 041 ***150.00

Principal Place of Business		Mailing Address	
VALPARAISE PKWY FL 32580		447 VALPARAISE PKWY VALPARAISE FL 32580-1274 US	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		59-3417443		Applied For
				Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
SCHROEDER, R.V. 635 BIRKDALE CIRCLE EAST NICEVILLE FL 32578		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		447 Valparaiso Pkwy		
		City	FL	Zip Code
		Valparaiso		32580

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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT	TITLE	R.V. Schroeder
STREET ADDRESS	SCHROEDER, R.V.	STREET ADDRESS	447 Valparaiso Pkwy
CITY-ST-ZIP	635 BIRKDALE CIRCLE EAST NICEVILLE FL 32578	CITY-ST-ZIP	Valparaiso, FL 32580
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VS	TITLE	L.S. Miller, Jr.
STREET ADDRESS	MILLER, L.S. JR.	STREET ADDRESS	447 Valparaiso Pkwy
CITY-ST-ZIP	630 JERRELLS AVENUE FORT WALTON BEACH FL 32547	CITY-ST-ZIP	Valparaiso, FL 32580
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

3. 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:

R.V. Schroeder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

8508974663

Daytime Phone #

CR2E034 (9/99)