FILED
May 30, 2003 8:00 am
Secretary of State

5/5/

05-05-2003 91162 008 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015279

1. Entity Name
Bluewater Realty of Bay County Inc.

DO NOT WRITE IN THIS SPACE

55045103

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
122 Legend Lakes Dr	P.O. Box 9595
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City Beach	City & State: Panama City Beach
Zip: 32408 Country: Bay	Zip: 32417 Country: Bay

4. FEI Number 59-3456317 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: IKE DUREN

Street Address (P.O. Box Number is Not Acceptable): 122 Legend Lakes Drive

City: Panama City Beach, FL Zip Code: 32408

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: Ike Duren / IKE DUREN 4/25/03

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

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	President	TITLE	President
NAME	Ike Duren	NAME	Ike Duren
STREET ADDRESS	122 Legend Lakes	STREET ADDRESS	122 Legend Lakes
CITY-ST-ZIP	Panama City Bch, FL 32407	CITY-ST-ZIP	Panama City Beach FL 32407
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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: Ike Duren / IKE DUREN 4/25/03 (850)832-0949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #