

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90070 039 \*\*\*150.00

**DOCUMENT # P97000025862**

**1. Entity Name**  
**TIDE WATER DEVELOPMENT GROUP INC.**

Principal Place of Business <b>2825 LEWIS SPEEDWAY</b> <b>104</b> <b>ST. AUGUSTINE FL 32084</b> <b>US</b>	Mailing Address <b>2825 LEWIS SPEEDWAY</b> <b>104</b> <b>ST. AUGUSTINE FL 32084</b> <b>US</b>
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**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** **52-2040420**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HEFFERON, MICHAEL**  
**25 OLD MISSION VE.**  
**ST. AUGUSTINE FL 32084**

Name  
**Hefferon, Michael**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2825 Lewis Speedway Suite 104**  
 City **St. Augustine** FL Zip Code **32084**

**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** *Michael Hefferon*

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, 2002 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D SMITH, CHARLES K</b> 2825 LEWIS SPEEDWAY SUITE 104 ST. AUGUSTINE FL 32084	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D HEFFERON, MICHAEL</b> 2825 LEWIS SPEEDWAY SUITE 104 ST. AUGUSTINE FL 32084	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Michael Hefferon* **Michael HEFFERON** 4/4/02 904-808-9977

CR2E034 (9/01)