2001	UNIFORM BUS	INESS REPO	RT	(UBR	)	amended			
DÖCUMENT # P910000 35094						FILED			
Blue Water Firance Company						OLOCT II PH 1:42			
Principal Plac	o of Rusiness	Mailing Address							
2132 8	POBER DU	154	cht		SEGNETARY OF STATE TALLAHASSEE, FLORID	Δ			
It lace	1055E IF B	74 land It	' <i>3</i> 3	307			•		
2. Principal P	3. Mailing Address	•							
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State City & State			•	4. FEI Number   Applied For   Not Applied For   Not Applicab			<del></del> i		
Zip	ZipZip		Cour	5. Certificate of Status Desired S8.75 Additional Fee Required			ional		
	6. Name and Address of Current	Registered Agent			1	7. Name and Address of New Registered A			
· · · · · · · · · · · · · · · · · · ·	<u> </u>	,	Name				ļ		
	1501 NE 4 Avenue		<u> </u>	Street Add	dress (F	O. Box:Number is:Not-Acceptable)	<del>Marine de la composition della composition dell</del>		
	: ft Land \$1 333								
				City	4	FL	Zip Code		
8. The above	named entity submits this statement for	r the purpose of changing it	s register	ed office or re	egistere	ed agent, or both, in the State of Florida.	, <del>.</del>		
Tax filing r	Signature, typed or printed name of registered agent pration is eligible to satisfy its Intangible requirement and elects to do so, ria on back)		TE: Registere	IS \$150.00 will be \$55	0.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 Added t	May Be	
11.	OFFICERS AND	DIRECTORS	12.		. ^	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	IN 11	
TITLE	Donn's Andrews	☐ Delete	TITL	E   Y	<u> </u>	thy c wasterhouse	Change	Addition .	
NAME STREET ADDRESS	1501 DE 4 Avenue		NAN STR	EET ADDRESS	881	spicrab load			
CITY-ST-ZIP	46 Laure x1 33304					eno Beach, \$1 33060			
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NAME	Anthony P DKGtini		NAN	I .		9000046493		-4	
STREET ADDRESS CITY-ST-ZIP	Pempeno Bean, 71			EET ADDRESS /-ST-ZIP		-10/23/01- <u>-</u> 01 *****61.50	******61		
TITLE	D D	Delete	TITL	E		**************************************	Change	Addition	
NAME	Suzanne V histalman	se.	NAN						
STREET ADDRESS	2132 & Oakland Par			EET ADDRESS			_		
-CITY-ST-ZIP	To Level \$1 33	Delete	· TITL			The second of th	☐ Change	Addition	
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NAME STREET ADDRESS			N N	EET ADDRESS					
CITY-ST-ZIP			M	r-ST-ZIP					
indicated	Lan this conort or cumplamental report is	s true and accurate and that owered to execute this repor	my signa t as requ	itura chall hai	va tha c	ction 119.07(3)(i), Florida Statutes. I further cert tame legal effect as if made under oath; that I a , Florida Statutes; and that my name appears in	m an officer o	or director	

7-25-01 566-1061

Date Davime Phone #