

DOCUMENT # P97000051798

1. Entity Name  
BLUE WATER RECREATION, INC.

Principal Place of Business

1000 RIVER REACH DR  
APT #302  
MIAMI FL 33315

Mailing Address

P. O. BOX 21422  
FT. LAUDERDALE FL 33335  
US

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90031 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 River Reach DR.

Suite, Apt. #, etc.

APT 302

City & State

FT. LAUDERDALE, FL

Zip

33315

Country

BROWARD

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0759840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHITE, RICHARD S  
1000 RIVER REACH DR  
APT #302  
MIAMI FL 33315

7. Name and Address of New Registered Agent

Name

White, Richard S.

Street Address (P.O. Box Number is Not Acceptable)

1000 River Reach Dr

APT 302

City

FT. LAUDERDALE,

FL

Zip Code

33315

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

Richard S. White President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

1/03/01

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	WHITE, RICHARD S	
STREET ADDRESS	P. O. BOX 21422 N/A	
CITY-ST-ZIP	FT LAUDERDALE FL 33335	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	WHITE, CHRISTIANE M	
STREET ADDRESS	P. O. BOX 21422 N/A	
CITY-ST-ZIP	FT LAUDERDALE FL 33335	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Richard S. White Richard S. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/03/01

CR2E034 (10/00)