

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91535 033 \*\*\*150.00

**DOCUMENT # P97000102341**

1. Entity Name

**QUIETWATER CAPITAL MANAGEMENT, INC.**

Principal Place of Business

1101 GULF BREEZE PKWY  
 BOX 64  
 GULF BREEZE FL 32561  
 US

Mailing Address

1101 GULF BREEZE PKWY  
 BOX 64  
 GULF BREEZE FL 32561  
 US

2. Principal Place of Business

1101 Gulf Breeze Pkwy

3. Mailing Address

1101 Gulf Breeze Pkwy

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Gulf Breeze, FL

City & State

Gulf Breeze, FL

Zip

32561

Country

USA

Zip

32561

Country

USA

4. FEI Number

59-3487662

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHASE, JAMES L  
 101 EAST GOVERNMENT STREET  
 PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE ☐ Delete  
 NAME P BUTTS, EDWARD  
 STREET ADDRESS 1101 GULF BREEZE PKWY BOX 64  
 CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME Address Change  
 STREET ADDRESS 1101 Gulf Breeze Pkwy Ste 200  
 CITY-ST-ZIP Gulf Breeze, FL 32561

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*SIGNATURE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)