2001 UNIFORM BUSINESS REPORT (UBR) Sep 12, 2001 8:00 am Secretary of State P98000011033 DOCUMENT # 1. Entity Name BLUE WATER ASSOCIATES, INC. 09-12-2001 90034 016 ***550.00 Principal Place of Business Mailing Address 1413 E. MAXWELL STREET 1413 E. MAXWELL STREET PENSACOLA FL 32503 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3500161 Not Applicable Zip -Country Country \$8.75 Additional 5. Certificate of Status Desired Pee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GORDON, KATHLEEN A Street Address (P.O. Box Number is Not Acceptable) 1413 E. MAXWELL STREET (1) PENSACOLA FL 32503 City 5 Zip Code FL 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 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE ☐ Delete ☐ Change Addition GORDON, KATHLEEN A NAME NAME 1413 E. MAXWELL STREET STREET ADDRESS STREET ADDRESS PENSACOLA FL 32503 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition

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 fustee 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.

MARKE

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7/P

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

TRESIDENT

10/2001 PSO Days Days

PST0-438-7400 Daytime Phone #

☐ Change

☐ Change

☐ Addition

☐ Addition

CR2E034 (5/01)