

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90087 019 ***158.75

DOCUMENT # P98000034893

1. Entity Name
BLU-AQUA SERVICE, INC.

Principal Place of Business

**11595 KELLY ROAD
 FORT MYERS FL 33908**

Mailing Address

**11595 KELLY ROAD
 FORT MYERS FL 33908**

2. Principal Place of Business

13161 McGregor Blvd.

Suite, Apt. #, etc.

Suite 7A

City & State

Ft. Myers, FL

Zip

33908

Country

USA

3. Mailing Address

13161 McGregor Blvd

Suite, Apt. #, etc.

Suite 7A

City & State

Ft. Myers, FL

Zip

33908

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0832487

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**KOSMERL, ELIZABETH
 11595 KELLY ROAD
 FORT MYERS FL 33908**

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	DP	<input type="checkbox"/> Delete
NAME	KOSMERL, ELIZABETH	
STREET ADDRESS	11595 KELLY ROAD	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KOSMERL, ELIZABETH	
STREET ADDRESS	11595 KELLY ROAD	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
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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
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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:

Elizabeth Kosmerl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 (239) 454-3800

Date

Daytime Phone #

CR2E034 (9/01)