

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 21, 2001 8:00 am**
Secretary of State

02-21-2001 90059 020 ***150.00

DOCUMENT # P98000044123**1. Entity Name**
BLUEWATER MOVEMENTS, INC.**Principal Place of Business**
360 SE 15TH AVENUE
POMPANO BEACH FL 33060**Mailing Address**
360 SE 15TH AVENUE
POMPANO BEACH FL 33060**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0835927**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****ALPER, JONATHAN**
274 KIPLING COURT
HEATHROW FL 32746Name **JAMIE BUNN**
Street Address (P.O. Box Number is Not Acceptable)
360 SE 15th AVENUE
City **POMPANO BEACH** **FL** Zip Code **33060****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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	☐ Delete
NAME	BUNN, JAMES II	
STREET ADDRESS	360 SE 15TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	☐ Delete
NAME	BUNN, JAMES R	
STREET ADDRESS	360 SE 15TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
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		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/01

Date

(954)942-9976

Daytime Phone #

CR2E034 (10/00)