

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052568

1. Entity Name

BLUE WATER R.E., INC.

Principal Place of Business

1803 SOUTH AUSTRALIAN AVENUE, SUITE A  
WEST PALM BEACH FL 33409

Mailing Address

1803 SOUTH AUSTRALIAN AVENUE, SUITE A  
WEST PALM BEACH FL 33409-6454

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HODGES, LARRY W  
1803 SOUTH AUSTRALIAN AVENUE, SUITE A  
WEST PALM BEACH FL 33409

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, 2000 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 PD  
NAME HODGES, LARRY W  
STREET ADDRESS 1803 SOUTH AUSTRALIAN AVENUE, SUITE A  
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 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

1/10/2000

Date

561-685377

Daytime Phone #

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90007 019 \*\*\*150.00

A0005932



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)