

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90197 021 ***150.00

DOCUMENT # P98000057881



1. Entity Name
BLUE MOUNTAIN DEVELOPMENT COMPANY

Principal Place of Business
**19 BUDDY STREET
SANTA ROSA BEACH FL 32459**

Mailing Address
**P O BOX 1790
SANTA ROSA BEACH FL 32459**



2. Principal Place of Business
170 S. Palm St
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 127
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Port Saint Joe, FL

City & State
PORT SAINT JOE, FL

4. FEI Number
59-3520243

Applied For
 Not Applicable

Zip
32456

Country

Zip
32457

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
MCLAUGHLIN, JAMES J JR 19 BUDDY STREET SANTA ROSA BEACH FL 32459	Name MCLAUGHLIN, JAMES J JR Street Address (P.O. Box Number is Not Acceptable) 170 S. PALM ST City PORT SAINT JOE FL Zip Code 32456

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James J. McLaughlin* (NOTE: Registered Agent signature required when reinstating) DATE **15 APRIL 2003**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME MCLAUGHLIN, JAMES J JR STREET ADDRESS 19 BUDDY STREET CITY-ST-ZIP SANTA ROSA BEACH FL 32459		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 170 S. PALM ST STREET ADDRESS PORT SAINT JOE, FL 32456 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James J. McLaughlin* **REQUIRED** DATE: **Apr. 15, 2003** 850-865-7084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)