

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

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 <b>D</b> <input type="checkbox"/> Delete	NAME <b>MCLAUGHLIN, JAMES J JR</b>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>19 BUDDY STREET</b>	CITY-ST-ZIP <b>SANTA ROSA BEACH FL 32459</b>	STREET ADDRESS <b>170 S. PALM ST</b>	CITY-ST-ZIP <b>PORT SAINT JOE, FL 32456</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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* **SIGNATURE 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)