

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086147

1. Entity Name
BLUE WATER LANDSCAPE & IRRIGATION, INC.

Principal Place of Business

531 N PALMETTO AVE
SANFORD FL 32771

Mailing Address

P.O. BOX 520529
LONGWOOD FL 32752-0529

2. Principal Place of Business

233 FLAME AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MAITLAND FL

City & State

City & State

Zip

32751

Country

US

Zip

Zip

Country

Country

4. FEI Number

59-3536736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLOAN, MATTHEW C
11633 ANJALI COURT
ORLANDO FL 32817

7. Name and Address of New Registered Agent

Name **ALICE CAPEHART**

Street Address (P.O. Box Number is Not Acceptable)

233 FLAME AVE

City

MAITLAND

FL

Zip Code

32751

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

Alice Capehart

ALICE CAPEHART, V.P.

3-20-00

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	P	<input checked="" type="checkbox"/> Delete
NAME	MEYERS, WILLIAM J	
STREET ADDRESS	531 N PALMETTO AVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SLOAN, MATTHEW	
STREET ADDRESS	11633 ANJALI CT	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES R. CAPEHART JR	
STREET ADDRESS	233 FLAME AVE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRES. SEC/TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICE CAPEHART	
STREET ADDRESS	233 FLAME AVE	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Alice Capehart

ALICE CAPEHART VP

3/20/00

4072659757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE