

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2001 8:00 am**
Secretary of State

05-05-2001 90366 021 ***150.00

DOCUMENT # S75388

1. Entity Name

BLUEWATER FLOORING, INC.

Principal Place of Business

Mailing Address

**4106 GULF BREEZE PKWY
GULF BREEZE FL 32561
US****4106 GULF BREEZE PKWY
GULF BREEZE FL 32561
US**

2. Principal Place of Business

4110 Gulf Breeze Pkwy

Suite, Apt. #, etc.

3. Mailing Address

4110 Gulf Breeze Pkwy

Suite, Apt. #, etc.

City & State

Gulf Breeze FL

City & State

Gulf Breeze FL

Zip

32561

Country

US

Zip

32561

Country

US4. FEI Number **59-3077359**

Applied For

Not Applicable

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

**ELMORE, ROBERT E
4106 GULF BREEZE PKWY
GULF BREEZE FL 32561**

Name

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

4110 Gulf Breeze PkwyCity **Gulf Breeze**

FL

Zip Code **32561**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	P			☐ Delete					☐ Change ☐ Addition
	ELMORE, ROBERT E	414 NORWICH DRIVE	GULF BREEZE FL						
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ 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

Date

Daytime Phone #

CR2E034 (10/00)