

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90171 005 ***150.00

0123665 AV

DOCUMENT # V25747

1. Entity Name

BLUE BAY POOLS & SPAS, INC.

Principal Place of Business

**1535 COGSWELL ST
 C-24
 ROCKLEDGE FL 32955
 US**

Mailing Address

**1535 COGSWELL ST
 C-24
 ROCKLEDGE FL 32955
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3131902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**JACKSON, MICHAEL R.
 1704 GOLFVIEW DR
 ROCKLEDGE FL 32955**

7. Name and Address of New Registered Agent

Name **JACKSON MICHAEL R**

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

1836 BARRINGTON CIRCLE

City **ROCKLEDGE**

FL

Zip Code **32955**

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

Michael Jackson

2-8-2002

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, 2002 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 **DP** ☐ Delete
 NAME **JACKSON, MICHAEL R.**
 STREET ADDRESS **1704 GOLFVIEW DR**
 CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **DST** ☐ Delete
 NAME **JACKSON, LINDA S**
 STREET ADDRESS **1704 GOLFVIEW DR**
 CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **V** ☐ Delete
 NAME **CRAWFORD, ANTHONY B.**
 STREET ADDRESS **1640 YATES DR**
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
 NAME **JACKSON, MICHAEL R**
 STREET ADDRESS **1836 BARRINGTON CIRCLE**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **DST** ☒ Change ☐ Addition
 NAME **JACKSON, LINDA S**
 STREET ADDRESS **1836 BARRINGTON CIRCLE**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Michael Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/2002

Date

321 631 3002

Daytime Phone #

CR2E034 (9/01)