3

?

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000081614

1. Entity Name CASTAWAY LAGOON, INC.



FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90046 031 ***150.00

Principal Place of Business 5240 N SEMINOLE AVE WINTER PRK FL 32792		Mailing Address 5240 N SEMINOLE AVE WINTER PRK FL 32792							v	
2. Principal Place of Business		3. Mailing Address						B	II IIBII BIBI IBBI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	ie	City & State				4. FI	El Number 59-3745622	1	Applied For Not Applicable	7
Zip	Country	Zip		Country	5. (ertificate of Status Desired	\$8.75 A Fee Requi	dditional	1
	6. Name and Address of Curren	t Registere	ed Agent			7. N	ame and Address of New Registe	<u> </u>		1
				Name				· -	·- <u>-</u>	7
DAVIS, RIA	CHARD H EMINOLE AVE.		Street Addre			(P.O. Box Number is Not Acceptable)				1
	PARK-FL-32792	<u> </u>								_
fē.				City				Zip Co		4
<u> </u>	·			City					-	╛
	named entity submits this statement f tions of registered agent.	or the purp	ose of changing its req	gistered office o	r registered	d age	nt, or both, in the State of Florida. I	am familiar witl	h, and accept	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if app	licable. (NOTE: Re	egistered Agent signat	ure required w	hen rein	istating) D.	ATE		l
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of						Election Campaign Financing Trust Fund Contribution.		.00 May Be ed to Fees	
10.	OFFICERS AND		BS	11.		ADC	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 11	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, RICHARD H 5240 N SEMINOLE AVE WINTER PARK FL 32792		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, DONNA J 5240 N SEMINOLE AVE WINTER PARK FL 32792		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	: Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Change	Addition	
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition	7

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATIAL BEQUIRED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03 (407) 678-3719

n