## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P98000106504 **DOCUMENT #**

1. Entity Name

BARGAIN WATER SPORTS & MARINE, INC.



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

03-24-2003 90643 043 \*\*\*150.00

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Principal Place of Business 2090 \$ NOVE RD A-103 SOUTH DAYTONA FL 32114			Mailing Address 2090 S NOVE RD A-103 SOUTH DAYTONA FL 32114		CHECK HERE IF MAKING CHANGES		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State			4. FEI Number CO. OF 4000F		
City & State		Only a diana			4. FEI Number 59-3548325	Not Applicable	
Zip	Country	Zip	Counti	гу	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				
				Name	1		

PRESTWOOD, DAVID A 74 BRANDY HILLS DR. PT. ORANGE FL 32119

SIGNATURE

10. ±

Name					
		·			
Street Address (F	O. Box Number is No	ot Acceptable	)		
	<u> </u>				
			=		
City	***		FL	Zip Code	

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.

11.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

9.	Election Campaign Financing
	Trust Fund Contribution.

\$5.00 May Be Added to Fees

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PRESTWOOD, DAVID A 74 BRANDY HILLS DR. PT. ORANGE FL 32119	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 NAME		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change	☐ Addition

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

☐ Addition