## FILED 2003 FOR PROFIT CORPORATION Apr 17, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P99000010747 DOCUMENT # 1. Entity Name 04-17-2003 90124 023 \*\*\*150.00 WATERMAN REALTY, INC. Principal Place of Business Mailing Address 6 ETHEL LANE 6 ETHEL LANE PALM COAST FL 32164 PALM COAST FL 32164 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. TI CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3563249 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WATERMAN, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 6 ETHEL LANE PALM COAST FL 32164 City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition ☐ Delete TITLE Change NAME WATERMAN, PATRICIA NAME STREET ADDRESS **6 ETHEL LANE** STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PALM COAST FL 32164 □ Delete TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE \_ 🔲 Delete TITLE . ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME

CITY-ST-ZIP CITY-ST-ZIP 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.

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