## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 477319** Mar 06, 2000 8:00 am 1. Entity Name **Secretary of State** WATER BONNET MFG., INC. 03-06-2000 90102 003 \*\*\*150.00 Mailing Address Principal Place of Business PO BOX 180427 350 ANCHOR RD. CASSELBERRY FL 32718-0427 P.O. BOX 427 CASSELBERRY FL 32707 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-1630263 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent John W. D.LL FLOWER, BRUCE W., ESQ. Street Address (P.O. Box Number is Not Acceptable) # 1093 511 N. MAITLND AVE. MAITLAND FL 32751 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 SIGNATURE Signature, typed or printed FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change TITLE ☐ Delete TITI F Ken Roberts NORMAN, L C, JR NAME NAME 350 Anchon Road 350 ANCHOR RD. STREET ADDRESS STREET ADDRESS CASSOLDORNY FL 32218 CITY-ST-ZIP CASSELBERRY, FL 00000 CITY-ST-ZIP VSTD ☐ Addition TITLE ☐ Delete TITLE Change GILDEA, HARRY F NAME 350 ANCHOR RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY, FL 00000 VD TITLE ☐ Delete TITLE ☐ Change Addition KING, GEORGE L NAME NAME 350 ANCHOR RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32718 TITLE Delete TITLE Change Addition ISABELL, KENNETH NAME NAME 800 WATER BONNET BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRINGFIELD TN CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

HARRY FGILLUN

vith all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED**