

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90165 035 ****61.25

DOCUMENT # 726946

1. Entity Name

WATERWAY WEST, INC.



Principal Place of Business

**315 N. CAUSEWAY
NEW SMYRNA BEACH FL 32169**

Mailing Address

**315 N. CAUSEWAY
NEW SMYRNA BEACH FL 32169**

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 **59-1578126**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, RUSSELL
315 N. CAUSEWAY D-306
NEW SMYRNA BEACH FL 32169**

7. Name and Address of New Registered Agent

Name **WALTER McCLEAN**
Street Address (P.O. Box Number is Not Acceptable) **315 N. CAUSEWAY - C-301**
City **New Smyrna Beach FL** Zip Code **32169**

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 *Walter McClean*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **SMITH, RUSSELL**
STREET ADDRESS **315 N. CAUSEWAY B-202 D-306**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **PD** ☒ Change ☐ Addition
NAME **WALTER McCLEAN**
STREET ADDRESS **315 N. CAUSEWAY - C-301**
CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE **VPD** ☐ Delete
NAME **WOLFORD, CHARLES**
STREET ADDRESS **315 N. CAUSEWAY B-202 402**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **VPD** ☐ Change ☒ Addition
NAME **RALPH Huskey**
STREET ADDRESS **315 N. CAUSEWAY - B-404**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **VPD** ☐ Delete
NAME **STRAUB, GWEN**
STREET ADDRESS **315 N. CAUSEWAY B-408**
CITY-ST-ZIP **NEW SMYRNA BCH FL 32169**

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

TITLE **S** ☒ Delete
NAME **SERVICE, DOROTHY**
STREET ADDRESS **315 N. CAUSEWAY C-101**
CITY-ST-ZIP **N S BEACH FL 32169**

TITLE **S** ☒ Change ☐ Addition
NAME **George WALLACE**
STREET ADDRESS **315 N. CAUSEWAY - E-101**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE **T** ☐ Delete
NAME **WANNER, PAT**
STREET ADDRESS **315 N. CAUSEWAY D-403**
CITY-ST-ZIP **NEW SMYRNA FL 32169**

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

TITLE **AT** ☒ Delete
NAME **GAUZZA, JEAN**
STREET ADDRESS **315 N. CAUSEWAY D-202**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **VPD** ☒ Change ☐ Addition
NAME **DAVID MARLER**
STREET ADDRESS **315 N. CAUSEWAY - C-402**
CITY-ST-ZIP **New Smyrna Beach, FL 32169**

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 617, 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.

SIGNATURE: *Walter McClean* **WALTER McCLEAN** *1/25/03* **386-426-39**

CR2E037 (10/02)