

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003146

1. Entity Name

WATERSIDE FINANCIAL SERVICES, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90370 038 ***150.00

Principal Place of Business

7400 N. FEDERAL HIGHWAY
 SUITE B21
 BOCA RATON FL 33487
 US

Mailing Address

7400 N. FEDERAL HIGHWAY
 SUITE B21
 BOCA RATON FL 33487
 US

550713



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6274 Linton Blvd.

Suite, Apt. #, etc.

#102

3. Mailing Address

6274 Linton Blvd.

Suite, Apt. #, etc.

#102

City & State

Delray Beach, FL

City & State

Delray Beach, FL

4. FEI Number

65-0664126

Applied For

Not Applicable

Zip

33484

Country

U.S.

Zip

33484

Country

U.S.

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

TESSER, TED

7400 N. FEDERAL HIGHWAY

SUITE B21

BOCA RATON FL 33487

Name

Street Address (P.O. Box Number is Not Acceptable)

6274 Linton Blvd., Suite #102

City

Delray Beach

FL

Zip Code

33484

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

(X) Tmber

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PVDS
 TESSER, TED
 7400 N. FEDERAL HIGHWAY, B21
 BOCA RATON FL 33487 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 6274 Linton Blvd., Suite #102
 Delray Beach, FL 33484 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Delete

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

(X) Tmber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

561-815-0071

Daytime Phone #

CR2E034 (10/00)