

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90160 025 ***150.00

DOCUMENT # F96000003146

1. Entity Name
WATERSIDE FINANCIAL SERVICES, INC.



Principal Place of Business

~~6274 LINTON BLVD~~

~~#102~~

~~DELRAY BEACH FL 33484~~

~~US~~

Mailing Address

~~6274 LINTON BLVD~~

~~#102~~

~~DELRAY BEACH FL 33484~~

~~US~~

2. Principal Place of Business

10 FAIRWAY Drive

3. Mailing Address

10 FAIRWAY Drive

Suite, Apt. #, etc.

STE 103

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

USA

Suite, Apt. #, etc.

STE 103

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0664126**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TESSER, TED

~~6274 LINTON BLVD~~

~~SUITE 102~~

~~DELRAY BEACH FL 33484~~

10 FAIRWAY Drive

STE 103

DEERFIELD BEACH, FL

33441

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVDS	<input type="checkbox"/> Delete
NAME	TESSER, TED	
STREET ADDRESS	6274 LINTON BLVD SUITE 102	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10 FAIRWAY Drive	
STREET ADDRESS	STE 103	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TED
TESSER**

1/30/03

Date

Daytime Phone #

CR2E034 (10/02)