2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # G70070 Apr 23, 2000 8:00 am Secretary of State 1. Entity Name WATERMAN, INCORPORATED 04-23-2000 90045 018 ***150.00 Principal Place of Business Mailing Address 18675 PHILLIPS ROAD 18675 PHILLIPS ROAD BROOKSVILLE FL 34609-6948 **BROOKSVILLE FL 34609** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2346774 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WATERMAN, JEAN D. Street Address (P.O. Box Number is Not Acceptable) 18675 PHILLIPS ROAD **BROOKSVILLE FL 34608** Zip Code City 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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Change Addition ☐ Delete TITLE WATERMAN, DAVID A. NAME NAME STREET ADDRESS STREET ADORESS 18675 PHILLIPS RD CITY-ST-ZIP CITY-ST-7IP **BROOKSVILLE FL** ☐ Change ☐ Addition ☐ Delete TITLE TITLE WATERMAN, JEAN D NAME NAME 18675 PHILLIPS RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL 00000 CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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. 4/17/00 352 796 0340

Talema SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP