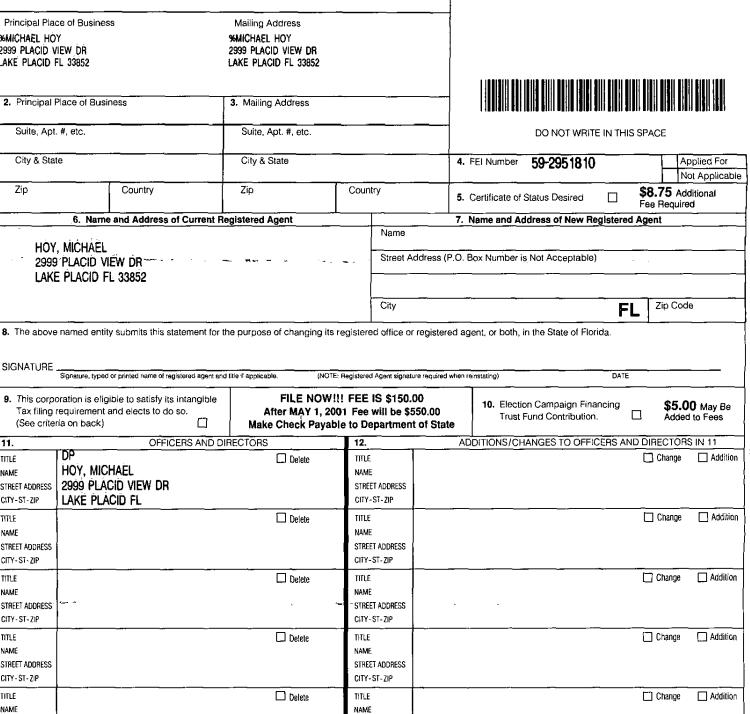
🕯 2091 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K86095** WATERSEDGE HOMES, INC. Principal Place of Business Mailing Address %MICHAEL HOY **%MICHAEL HOY** 2999 PLACID VIEW DR 2999 PLACID VIEW DR LAKE PLACID FL 33852 LAKE PLACID FL 33852 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent

FILED Apr 25, 2001 8:00 am Secretary of State

04-25-2001 90142 033 ***150.00



13. I hereby certify that the information supplied with this filling 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.

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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12.

TITLE

NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

HOY, MICHAEL

SIGNATURE

11.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

CITY-ST-ZIP

CITY - ST-7IP

(See criteria on back)

2999 PLACID VIEW DR~ LAKE PLACID FL 33852

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

HOY, MICHAEL

LAKE PLACID FL

2999 PLACID VIEW DR

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

OFFICERS AND DIRECTORS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition

CR2E034 (10/00)