

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90366 017 ***150.00

0508257 AV

DOCUMENT # K86095

1. Entity Name
WATERSEdge HOMES, INC.



Principal Place of Business
%MICHAEL HOY
320 LAKE MIRROR DR
LAKE PLACID FL 33852-5964
US

Mailing Address
%MICHAEL HOY
320 LAKE MIRROR DR
LAKE PLACID FL 33852-5964
US

2. Principal Place of Business
127 RICHFIELD DRIVE

3. Mailing Address
127 RICHFIELD DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LAKE PLACID, FL

City & State
LAKE PLACID, FL

4. FEI Number **59-2951810**

Applied For
Not Applicable

Zip
33852

Country
USA

Zip
33852

Country
USA

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

HOY, MICHAEL
2999 PLACID VIEW DR
LAKE PLACID FL 33852

Name
HOY, MICHAEL

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

127 RICHFIELD DRIVE

City
LAKE PLACID

FL

Zip Code
33852

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 Michael Hoy MICHAEL HOY 4-24-03
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

11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **HOY, MICHAEL**
STREET ADDRESS **320 LAKE MIRROR DR**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE ☐ Change ☐ Addition
NAME **127 RICHFIELD DRIVE**
STREET ADDRESS **LAKE PLACID FL 33852**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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:

Michael Hoy REC MICHAEL HOY

4-24-03

863 465-7501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)