

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90080 008 \*\*\*\*50.00

**DOCUMENT # L01000014800**

1. Entity Name

**EMPIRE WATER SPORTS, L.L.C.**



Principal Place of Business

**20 GEORGETOWN DR  
 DELAWARE OH 43015**

Mailing Address

**20 GEORGETOWN DR  
 DELAWARE OH 43015**

**956743**

2. Principal Place of Business

**1406 N. Ocean Blvd**

3. Mailing Address

**1931 Lyons Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Pompano Beach FL**

City & State

**Coconut Creek FL**

Zip

**33060**

Country

**Broward**

Zip

**33063**

Country

**Broward**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**75-3047841**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**NORMAN, ROY A  
 96 E RAYMOND ST  
 AVON PARK FL 33825**

7. Name and Address of New Registered Agent

Name **Roy A. NORMAN**

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

**1931 Lyons Rd Apt. #102**

City **Coconut Creek**

**FL**

Zip Code

**33063**

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

*Roy A. Norman*

**Roy A. NORMAN**

**4-24-02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Roy A. NORMAN 1931 Lyons Rd #102 Coconut Creek FL 33063</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Kelly K. Norman 1931 Lyons Rd #102 Coconut Creek FL 33063</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Christian A. NORMAN 1931 Lyons Rd #102 Coconut Creek FL 33063</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Roy A. Norman*  
**Roy A. NORMAN**

**4-24-02 (954) 788-5585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #