

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90610 031 ****50.00

DOCUMENT # L02000016099

1. Entity Name
WATERFRONT INVESTMENT & DEVELOPMENT, LLC



Principal Place of Business

**455 N. INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770**

Mailing Address

**455 N. INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770**

2. Principal Place of Business

10225 Ulmerton Road

Suite, Apt. #, etc.

Suite 3D

City & State

Largo, FL

Zip

33771

Country

Pinellas

3. Mailing Address

10225 Ulmerton Road

Suite, Apt. #, etc.

Suite 3D

City & State

Largo, FL

Zip

33771

Country

Pinellas



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

52-2368159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARSENAULT, KENNETH G JR
ARSENAULT & REARDON, P.A.
10225 ULMERTON ROAD, SUITE 2
LARGO FL 33771**

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
VELTMAN, GREG D
455 N. INDIAN ROCK ROAD
BELLEAIR BLUFFS FL 33770** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**10225 Ulmerton Road, Suite 3D
Largo, FL 33771** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIGNATURE REQUIRED

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

3/27/03

Date

Daytime Phone #

CR2E083 (10/02)