## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \(\cdot\)

## **FILED** Jan 25, 2001 8:00 am Secretary of State DOCUMENT # P0000004520 WATERFRONT WONDERS INC. 01-25-2001 90010 009 \*\*\*158.75 Principal Place of Business Mailing Address P.O. BOX 56426 P.O. BOX 56426 JACKSONVILLE FL 32241 JACKSONVILLE FL 32241 2. Principal Place of Business 1738 Gumtree Dr. 738 Gumtree DR. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State PARK FL Applied For Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHAPMAN, NICHOLAS R Street Address (P.O. Box Number is Not Acceptable) 1738 GUMTREE DR. ORANGE PARK FL 32073 Zip Code FL 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Presid 5747 Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS ORANGE PARK FC. 32073 CITY-ST-ZIP CITY-ST-ZIP UICE- President Change Addition TITLE ☐ Delete TITLE David wm. ANFINSON NAME NAME 2923 Russell Cars Or STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.