

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008905

1. Entity Name

WATERSCOOT CORP.

Principal Place of Business

191 GARDENIA STREET  
TAVERNIER FL 33070

Mailing Address

191 GARDENIA STREET  
TAVERNIER FL 33070

2. Principal Place of Business

Whale Harbor Marina

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

83000 US Hwy 1

City & State

City & State

Islamorada Florida

Zip

Country

Zip

Country

33036

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GETS, ADRIENNE LEA  
191 GARDENIA STREET  
TAVERNIER FL 33070

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GETS, ADRIENNE LEA	
STREET ADDRESS	191 GARDENIA STREET	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Adrienne Lea Gets Pres. 4/30/01 (305) 664-2463

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90006 050 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)