

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-07-2003 90736 042 ***150.00

DOCUMENT # P00000011589

1. Entity Name
WATER TAG, INC.



Principal Place of Business
11214 SATELLITE BLVD
ORLANDO FL 32837
US

Mailing Address
11214 SATELLITE BLVD
ORLANDO FL 32837
US

2. Principal Place of Business:

51 N. Hoagland Blvd.

Suite, Apt. #, etc.

3. Mailing Address

51 N. HOAGLAND Blvd.

Suite, Apt. #, etc.

City & State

Kissimmee, Fl.

City & State

Kissimmee, Fl.

Zip

34741

Country

USA

Zip

34741

Country

USA

4. FEI Number

59-3642373

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SANDERS, GARY
11214 SATELLITE BLVD
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name

Sanders, Gary

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

51 N. Hoagland Blvd.

City

Kissimmee

FL

Zip Code

34741

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 Gary Sanders

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

(NOTE: Registered Agent signature required when reinstating)

4-1-03

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

TITLE **DPS** ☐ Delete
NAME **SANDERS, GARY**
STREET ADDRESS **11214 SATELLITE BLVD**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Sanders, Gary**
STREET ADDRESS **51 N. Hoagland Blvd.**
CITY-ST-ZIP **Kissimmee, Fl. 34741** ☐ Change ☐ Addition

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

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

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TITLE ☐ Change ☐ Addition
NAME
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:

Gary Sanders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-03

Date

407-343-8081

Daytime Phone #

CR2E034 (10/02)