

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90503 040 \*\*\*150.00

0597034 AV

**DOCUMENT # P00000019368**

1. Entity Name

**WATER TOYZ OF KISSIMMEE, INC.**



Principal Place of Business  
**7743 INDIAN RIDGE TRAIL S.  
KISSIMMEE FL 34744**

Mailing Address  
**7743 INDIAN RIDGE TRAIL S.  
KISSIMMEE FL 34744**

2. Principal Place of Business

**8505 U.S. HWY 192**

Suite, Apt. #, etc.

3. Mailing Address

**10707 Westbrook DR**

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**Kissimmee**

City & State

**ORLANDO FL**

4. FEI Number

**59-3626275**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34744**

**ORANGE**

**32821**

**ORANGE**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLLIER, JAMES H SR  
9110 STERLING LANE  
PORT RICHEY FL 34668**

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PASTORE, STEVEN R</b>	
STREET ADDRESS	<b>7743 INDIAN RIDGE TRAIL S.</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JONES, RYAN P</b>	
STREET ADDRESS	<b>10707 Westbrook DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32821</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/2003**

Date

**407-399-1728**

Daytime Phone #

CR2E034 (10/02)