

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90274 023 ***150.00

DOCUMENT # P00000044827

1. Entity Name
WATERS WAY, INC.



Principal Place of Business
8535 BAYMEADOWS RD #46
JACKSONVILLE FL 32256

Mailing Address
8535 BAYMEADOWS RD #46
JACKSONVILLE FL 32256

2. Principal Place of Business

8713 Brierwood Rd.

3. Mailing Address

P.O. Box 24781

Suite, Apt. #, etc.

Suite, Apt. #, etc.

JACKSONVILLE, Florida

City & State

City & State

JACKSONVILLE, FL.

4. FEI Number

59-3645534

Applied For

Not Applicable

Zip

Country

Zip

Country

32217

US

32241

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HONEYCUTT, ROBERT C III
8535 BAYMEADOWS RD #46
JACKSONVILLE FL 32256

Name

Robert C. Honeycutt III

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

8713 Brierwood Rd.

City

JACKSONVILLE

FL

Zip Code

32247

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 Robert C. Honeycutt III

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/03

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 P ☐ Delete
NAME HONEYCUTT, III, ROBERT C
STREET ADDRESS 8713 BRIERWOOD RD
CITY-ST-ZIP JACKSONVILLE FL 32217

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

TITLE D ☒ Delete
NAME MORROW, JAMES E
STREET ADDRESS 3572 JAMESTOWN LANE
CITY-ST-ZIP JACKSONVILLE FL 32223

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

Date

(904) 472-4955

Daytime Phone #

CR2E034 (10/02)