

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90059 041 ***558.75

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DOCUMENT # P00000048909

1. Entity Name
WAYNES WATER WORLD, INC.



Principal Place of Business
**5710 STONEHAVEN DRIVE
NORTH FORT MYERS FL 33903**

Mailing Address
**5710 STONEHAVEN DRIVE
NORTH FORT MYERS FL 33903**



2. Principal Place of Business
4150 Hancock Bridge Pkwy

3. Mailing Address
4150 Hancock Bridge Pkwy

Suite, Apt. #, etc.
Unit 23, Suite 131

Suite, Apt. #, etc.
Unit 23, Suite 131

City & State
North Fort Myers, FL

City & State
North Fort Myers, FL

☒ CHECK HERE IF MAKING CHANGES

Zip
33903

Country
USA

Zip
33903

Country
USA

4. FEI Number **65-1022164**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MOOMJIAN, WAYNE A JR.
5710 STONEHAVEN DRIVE
NORTH FORT MYERS FL 33903**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
432 SE 23RD Terr

City
Cape Coral

FL

Zip Code
33990

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 *Wayne A. Moomjian*

(NOTE: Registered Agent signature required when reinstating)

DATE **7-29-03**

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 **D** ☐ Delete
NAME **MOOMJIAN, WAYNE A JR.**
STREET ADDRESS **5710 STONEHAVEN DRIVE**
CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **432 SE 23RD Terr**
CITY-ST-ZIP **Cape Coral, FL 33990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *Wayne A. Moomjian* **WAYNE A MOOMJIAN** 7-30-03 239 872-1281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)