

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000056034

1. Entity Name

WATERFORD MANAGEMENT, INC.

FILED

May 08, 2002 8:00 am
Secretary of State

05-08-2002 90007 007 ***150.00

Principal Place of Business

Mailing Address

801 LAUREL OAK DRIVE
SUITE 400
NAPLES, FL 34108

801 LAUREL OAK DRIVE
SUITE 400
NAPLES, FL 34108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1061 COLLIER CENTER WAY
Suite, Apt. #, etc.
SUITE 5

1061 COLLIER CENTER WAY
Suite, Apt. #, etc.
SUITE 5

City & State

City & State

NAPLES, FL

NAPLES, FL

Zip

Country

Zip

Country

34110

USA

34110

USA

4. FEI Number

59-3671200

Applied For

Not Applicable

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

DON E. LESTER
801 LAUREL OAK DRIVE
SUITE 400
NAPLES, FL 34108

Name

DON E. LESTER

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

1061 COLLIER CENTER WAY
SUITE 5

City

NAPLES

FL

Zip Code

34110

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

4-25-02

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, 2002 Fee will be \$580.00
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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---------------------------------|---------------------------------------|---|--|
| TITLE | NAME | TITLE | NAME |
| <input type="checkbox"/> Delete | D DON E. LESTER | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | 801 LAUREL OAK DRIVE, STE. 400 | | 1061 COLLIER CENTER WAY, STE. 5 |
| | NAPLES, FL 34108 | | NAPLES, FL 34110 |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 #

239 - 593-1000 x215
4-25-02

CR2E034 (9/01)