

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90089 040 \*\*\*150.00

**DOCUMENT # P00000112402**

**1. Entity Name**  
**TIDEWATER MANAGEMENT AND CONSULTING, INC.**



**Principal Place of Business**  
**113 HARBOR HOUSE DRIVE**  
**OSPREY FL 34229**

**Mailing Address**  
**113 HARBOR HOUSE DRIVE**  
**OSPREY FL 34229**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-1060674**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**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**

**BETTERTON, GREG A ESQ**  
**981 RIDGEWOOD AVE STE 101**  
**VENICE FL 34292**

**Name** **Horace Cook**

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

**113 Harbor House Dr.**

**City** **Osprey**

**FL**

**Zip Code** **34229**

**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** *Horace Cook* *Horace Cook*

**1-8-03**

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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **COOK, HORACE C**  
**STREET ADDRESS** **113 HARBOR HOUSE DRIVE**  
**CITY-ST-ZIP** **OSPREY FL 34229**

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

**TITLE** **D** ☐ Delete  
**NAME** **COOK, HOLLY S**  
**STREET ADDRESS** **113 HARBOR HOUSE DRIVE**  
**CITY-ST-ZIP** **OSPREY FL 34229**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**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:** *Horace Cook* **REQUIRE** *Horace Cook*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-8-03**

Date

**941-918-0983**

Daytime Phone #

CR2E034 (10/02)