2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000007499 **DOCUMENT #**

1. Entity Name

WATER OAK HOMES, INC.



FILED Feb 28, 2003 8:00 am Secretary of State

02-28-2003 90154 046 ***150.00

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Principal Plac 500 HICKORY OLDSMAR FL			Mailing Address 500 HICKORY N OLDSMAR FL 3	IUT AVE	•	± 100 110 21 111 20 121 130 14 20 111 20 111		II BABIA (BICK (BI) (BI)
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2. Principal Place of Business			3. Mailing Address			1 10017001 III 00101 1101 06115 00111 0	19711 8 2 114 89141 1 4 6	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF	MAKING CHAI	NGES
City & State		City & State			4. FEI Number 02 -055 APPLIED-FOR Not Applicate Not Applicate		Applied For Not Applicable	
Zip	- -	Country	Zip	Coun	ntry	5. Certificate of Status Desired		5 Additional
	6. Name a	nd Address of Current	Registered Agent			7. Name and Address of New Regi		
					Name			
ROBERSON, BARBARA - 🚧 .								
500 HICKORY NUT AVE					Street Address (P.O. Box Number is Not Acceptable)		
OLDSMAF	R FL 34677							
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		.	•		City		_ r_ .	p Code
8. The above the obligation	e named entity s tions of register * .	submits this statement fo ed agent. :	or the purpose of cha	inging its registere	ed office or register	ed agent, or both, in the State of Florida	a. I am familiar	with, and accept
SIGNATURE .	Signature, typed or	printed name of registered agent	and title if applicable.	(NOTE: Registered	d Agent signature required	when reinstating)	DATE	
After	; May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 lorlda Department o	f State			9. Election Campaign Financ Trust Fund Contribution.	-	\$5.00 May Be Added to Fees
10.	.,,	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICE	DE AND DIDE	TORGIN 11
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	ROBERSON	BARBARA	☐ De	lete TITLE			Ch	
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	ROBERSON 500 HICKOF OLDSMAR F	BARBARA IYNUT AVE	□ De	NAME Strei				
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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