

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000028239

1. Entity Name
WATER PROPERTIES, INC.



Principal Place of Business
401 SOUTH LINCOLN AVENUE
CLEARWATER FL 33756

Mailing Address
401 SOUTH LINCOLN AVENUE
CLEARWATER FL 33756

FILED

04 JAN 14 PM 5:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

☐ CHECK HERE IF MAKING CHANGES

04

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3706398

Applied For
Not Applicable

Zip Country

Zip Country

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

MARTIN, JOHN P ESO.
401 SOUTH LINCOLN AVENUE
CLEARWATER FL 33756

Name

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

300024292513
11/04/03--01010--004 **758.75

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME MCCLURE, DARREL J
STREET ADDRESS 401 SOUTH LINCOLN AVENUE
CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-3-03 815-351-6253
Date Daytime Phone #

CR2E034 (4/03)

0100833 AV