

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90233 028 \*\*\*150.00

0460021 AV

**DOCUMENT # P01000034773**

1. Entity Name

**FUN WAVES OF CLEARWATER, INC.**

Principal Place of Business

**521 GULFVIEW BLVD.  
 CLEARWATER FL 33767**

Mailing Address

**521 GULFVIEW BLVD.  
 CLEARWATER FL 33767**

2. Principal Place of Business

3. Mailing Address

**2991 LOS ALTOS DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**APT. # 1**

City & State

City & State

**BELLEAIR BLUFFS FL**

Zip

Country

Zip

Country

**33770**

**USA**

4. FEI Number

**59-3708051**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ALBERTSEN, GERALD  
 521 GULFVIEW BLVD.  
 CLEARWATER FL 33767**

7. Name and Address of New Registered Agent

Name

**GAVIN STEWART**

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

**2991 LOS ALTOS DRIVE APT. 1**

City

**BELLEAIR BLUFFS**

**FL**

Zip Code

**33770**

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]*

**GAVIN STEWART**

**3/6/02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00  
 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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ALBERTSEN, GERALD</b>	
STREET ADDRESS	<b>11417 65TH AVE. NORTH</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 33772</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STEWART, BRIAN</b>	
STREET ADDRESS	<b>14138 NW LAKESHORE CT.</b>	
CITY-ST-ZIP	<b>PORTLAND OR 97229</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

*[Signature]* **BRIAN STEWART**

**3/6/02**

**5639706047**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)