

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000049710

1. Entity Name

WATERLINE CONSTRUCTION OF PINELLAS, INC.

FILED

02 MAY 31 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

716 BAYWAY BLVD., #4
CLEARWATER FL 33767

Mailing Address

716 BAYWAY BLVD., #4
CLEARWATER FL 33767

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3009

Suite, Apt. #, etc.

City & State

City & State

CLEARWATER, FLORIDA

Zip

Country

Zip

Country

33767-8009 USA

4. FEI Number

59-3491434

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HORNE, JEANNE

716 BAYWAY BLVD., #4
CLEARWATER FL 33767

7. Name and Address of New Registered Agent

Name THOMAS L. HORNE

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

716 BAYWAY BLVD #4

ALL MAIL TO: P.O. Box 3009 CLW 33767

City CLEARWATER

FL

Zip Code
33767

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 fee is applicable.

(NOTE: Registered Agent signature required when reinstating)

Date

3/26/02

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 \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PSTD
NAME: HORNE, JEANNE ☒ Delete
STREET ADDRESS: 716 BAYWAY BLVD., #4
CITY-ST-ZIP: CLEARWATER FL 33767TITLE: ☐ Delete
NAME: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSTD ☐ Change ☒ Addition
NAME: HORNE, THOMAS L.
STREET ADDRESS: 716 BAYWAY BLVD #4
CITY-ST-ZIP: CLEARWATER FL 33767TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ AdditionTITLE: ☐ Change ☐ Addition
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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

3/26/02 727 439-1818

Daytime Phone #

CR2E034 (9/01)