

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90184 018 ***150.00

DOCUMENT # *P01000052074*

1. Entity Name
WATERSAGE INC

DO NOT WRITE IN THIS SPACE

80128162

2. Principal Place of Business
844 NE 72nd St
Suite, Apt. #, etc.

3. Mailing Address
844 N.E 72nd St
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON FL
Zip
33487 Country
U.S

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Zip
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US

4. FEI Number
65-1102478
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Todd Goldberg*
Street Address (P.O. Box Number is Not Acceptable)
844 N.E 72nd St
City *Boca Raton* FL Zip Code *33487*

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]*
Signature typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

6/25/02
DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY-STATE-ZIP
	<i>President</i>		
	<i>Todd Goldberg</i>		
	<i>844 N.E 72nd St</i>		
	<i>BOCA RATON FL 33487</i>		
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/02 *954-261-6701*
DATE Daytime Phone #

CR2E034B (12/01)

To Division of Corporations, Attachment

#PD1000059074

As per my conversation with your office, I have downloaded the WBR reports for each corporation.

Please note that the forms were not recieved by me; as the address sent to is no longer correct. I have changed the mailing address for each corporation and anticipate that future filings will be done at the correct times.

Thank you for your consideration in this matter. Your help has been appreciated.

Respectfully,

Todd Goldberg
6/24/12
Todd Goldberg
As Officer.