

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

182

DOCUMENT # 001000062722

1. Entity Name

Watermark Asset mgmt Inc

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 23 PM 12:12

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1418-2 Terrace Hollow Ct

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee

City & State

4. FEI Number

59 372 4133

Applied For

Not Applicable

Zip

Country

32303

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Barry Helms White

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

1418-2 Terrace Hollow Ct. 32303

City

Tallahassee

FL

Zip Code

32303

**DO NOT WRITE  
IN THIS SPACE**

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 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) ☐

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-ST-ZIP

Barry Helms White P/D  
1418-2 Terrace Hollow Ct.  
Tallahassee FL 32303

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

000023278560  
09/23/03--01041--001 \*\*150.00

TITLE  
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-23-03

Daytime Phone #

CR2E034B (12/01)

292

9-23-03

I, Barry White, Did not receive  
my 2003 UBR 1<sup>st</sup> or 2<sup>nd</sup> notice  
for Watermark Asset mgmt., Inc.  
Document no. P 01000062722

Barry White

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

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((H03000282523 7)))

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To:

Division of Corporations  
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 222-9428

CORPORATION REINSTATEMENT

PERDUE FARMS INCORPORATED

Certificate of Status	2
Certified Copy	01
Page Count	024
Estimated Charge	\$767.50

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a Certified  
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No A/E to add!

\$776.25

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