

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-10-2002 90452 037 ***150.00

DOCUMENT # P01000100259

1. Entity Name

WORLD WATER SPORTS, INC.

Principal Place of Business

**13433 LAKE BUTLER BLVD.
 WINTER GARDEN FL 34787**

Mailing Address

**13433 LAKE BUTLER BLVD.
 WINTER GARDEN FL 34787**

2. Principal Place of Business

3. Mailing Address

P.O. Box 2120

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Windermer FL.

4. FEI Number

59-3750013

Applied For

Not Applicable

Zip

Country

Zip

Country

34786

USA

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

DUVALL, SAMUEL E

**13433 LAKE BUTLER BLVD.
 WINTER GARDEN FL 34787**

Name

Duvall, Samuel E.

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

430 Main St.

City

Windermer

FL

Zip Code

34786

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 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 **D** ☐ Delete
 NAME **DUVALL, SAMUEL E**
 STREET ADDRESS **13433 LAKE BUTLER BLVD.**
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **D** ☐ Delete
 NAME **MAY, JAMES G**
 STREET ADDRESS **13433 LAKE BUTLER BLVD.**
 CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/02

407-409-1470

Date

Daytime Phone #

CR2E034 (9/01)