

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 18, 2003 8:00 am**  
**Secretary of State**

0102375 AV

**DOCUMENT # P02000088894**



1. Entity Name  
**WATERIN TROUGH DANCE & SALOON, INC.**

07-18-2003 90175 002 \*\*\*500.00  
07-18-2003 90175 001 \*\*\*\*50.00

Principal Place of Business  
**3665 E BAY DR. STE 204-220  
LARGO FL 33771**

Mailing Address  
**3665 E BAY DR. STE 204-220  
LARGO FL 33771**

**55051684**



2. Principal Place of Business  
**10707 U.S. 19N**

3. Mailing Address  
**10707 U.S. 19N**

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

City & State  
**Pinellas Park, FL**

City & State  
**Pinellas Park, FL**

4. FEI Number  
**13-4207073**

Applied For  
Not Applicable

Zip Country  
**33782 Pinellas**

Zip Country  
**33782 Pinellas**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WINN, J. MARVIN  
131 1ST ST NW  
LARGO FL 33770**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>GALVIN, JACQUELINE</b>	
STREET ADDRESS	<b>3665 E BAY DR, STE 204-220</b>	
CITY-ST-ZIP	<b>LARGO FL 33771</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	<b>P/D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME			
STREET ADDRESS	<b>10707 U.S. 19N</b>		
CITY-ST-ZIP	<b>Pinellas Park, FL 33782</b>		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jacqueline Galvin* **Jacqueline Galvin, Pres.** **7-12-03** **561-9671**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)