## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000051016  1. Enlity Name  MICHAEL DAVID WATERMAN, INC.				Mar 21, 2000 8:00 am Secretary of State 03-21-2000 90085 006 ***150.00			
Principal Place of Business 3 PIPER STREET BEAVER FALLS PA 15010 US		Mailing Address P.O. BOX 1581 BEAVER FALLS PA 15010-6581 US					
Principal Place of Business     Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State			A FEI Number	Applied For	
Zip	Country	Zip	- I	Country	25-1/14809	Not Applicable Additional	
					Fee Requ	uìred	
	6. Name and Address of Currer	nt Registered	Agent	Name	7. Name and Address of New Registered Agent		
FIGLER, RONALD G 155 S. OCEAN DR.			Street Address		(P.O. Box Number is Not Acceptable)		
UNIT BOCA	132 A RATON FL 33432	 		City	FL Zip C	Code	
Tax filing r	oration is eligible to satisfy its Intangib equirement and elects to do so. ria on back)		After MAY 1, 200	!! FEE IS \$150.00 00 Fee will be \$550.00 le to Department of S	Trust Fund Contribution.   Ad	5.00 May Be ded to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WATERMAN, MICHAEL DAVID 3 PIPER STREET BEAVER FALLS PA	DDIRECTORS	☐ Delete	12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STA FIGLER, RONALD G. 155 S. OCEAN DR., UNIT 132 BOCA RATON FL	1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Chang	ge Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the information a unallied	ith this filing of	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chang		

Indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 110 metric for the 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:

REPRONALO SIGNATURE AND TYPED OR PRIPAGED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-00

724-846-8252

Daytime Phone #