

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90089 044 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000055229			
1. Entity Name WATERMILL MANUFACTURING CORPORATION			
Principal Place of Business 5100 TOWN CENTER CIR STE 330 BOCA RATON FL 33486 US		Mailing Address 5100 TOWN CENTER CIR STE 330 BOCA RATON FL 33486 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. Suite 430		Suite, Apt. #, etc. Suite 430	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
E.H.G. RESIDENT AGENTS, INC. 5100 TOWN CENTER CIR STE 330 430 BOCA RATON FL 33486		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State 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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GILBERT EDWARD H 5100 TOWN CENTER CIRCLE STE 330 BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5100 Town Center Circle, Suite 430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED		Edward H. Gilbert, Pres. 4/25/02 561-361-9300 <small>Date Daytime Phone #</small>	

CR2E034 (9/01)