

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90075 001 ***150.00

DOCUMENT # P95000017420

1. Entity Name
WATERBORNE, INC.



Principal Place of Business
3160 TOHOPEKALIGA DR
ST CLOUD FL 34772
US

Mailing Address
3160 TOHOPEKALIGA DR
ST CLOUD FL 34772
US

2. Principal Place of Business

1126 WOODLAND HEIGHTS
DRIVE

3. Mailing Address

1126 WOODLAND HEIGHTS
DRIVE

City & State
FRANKLIN NC

Zip
28734

Country
USA

City & State
FRANKLIN NC

Zip
28734

Country
USA

4. FEI Number
59-3297151

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DRUMMOND, DONALD A
3160 TOHOPEKALIGA DRIVE
SAINT CLOUD FL 34772

7. Name and Address of New Registered Agent

Name
MARYANN CARTER, CPA
Street Address (P.O. Box Number is Not Acceptable)

2265 LEE ROAD #225
City
WINTER PARK FL

Zip Code
32789

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 *Maryann Carter*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
PD
NAME
DRUMMOND, DONALD A
STREET ADDRESS
3160 TOHOPEKALIGA DRIVE
CITY-ST-ZIP
SAINT CLOUD FL 34772

☐ Delete

TITLE
SD
NAME
DRUMMOND, CAROL A
STREET ADDRESS
3160 TOHOPEKALIGA DRIVE
CITY-ST-ZIP
SAINT CLOUD FL 34772

☐ Delete

TITLE
VC
NAME
DRUMMOND, CAROL A
STREET ADDRESS
3160 TOHOPEKALIGA DRIVE
CITY-ST-ZIP
SAINT CLOUD FL 34772

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald A. Drumm*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CELL# 407-361-5054

1-31-03 **828-524-9434**

Date

Daytime Phone #

CR2E034 (10/02)