

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000019257

1. Entity Name
GET WET, INC.

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91600 031 ***150.00

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| Principal Place of Business 3575 COCONUT DRIVE LAKE WORTH FL 33461 | Mailing Address 3575 COCONUT DRIVE LAKE WORTH FL 33461 |
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| 2. Principal Place of Business 3710 E INDUSTRIALWAY Suite, Apt. #, etc. | 3. Mailing Address 3710 E INDUSTRIALWAY Suite, Apt. #, etc. |
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DO NOT WRITE IN THIS SPACE

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| City & State RIVIERA BEACH | City & State RIVIERA BEACH |
| Zip 33404 | Country PALM BEACH |
| Zip 33404 | Country P. BEACH |

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| 4. FEI Number 65-0566925 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SCHRIMSHER, MICHAEL J 3575 COCONUT DRIVE LAKE WORTH FL 33461 3710 E INDUSTRIALWAY RIVIERA BEACH, FL 33404 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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| 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: <u>[Signature]</u> MICHAEL J. SCHRIMSHER 4/29/02 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE |
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| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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 |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D SCHRIMSHER, MICHAEL J 3575 COCONUT DRIVE LAKE WORTH FL 33461 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT SCHRIMSHER, MICHAEL J 5108 NEEDLES DRIVE PALM BEACH GARDENS, FL 33418 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| 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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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] MICHAEL J. SCHRIMSHER - PRES. 561-863-3233