

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000039354

1. Entity Name
WATERSIDE OFFICE CORP.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90216 016 ***150.00

Principal Place of Business Mailing Address
3105 WEST WATERS AVENUE 3105 WEST WATERS AVENUE
TAMPA FL 33614 TAMPA FL 33614-2869

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3335209** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELI, KOLP
16034 PENWOOD DRIVE
TAMPA FL 33647

Name **ELI KOLP**
Street Address (P.O. Box Number is Not Acceptable) **3105 W. Waters Ave #300**
City **TAMPA** FL Zip Code **33614**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOLP, ELI			NAME			
STREET ADDRESS	16034 PENWOOD			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33614			CITY-ST-ZIP			
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOLPAKCHI, ZENaida			NAME			
STREET ADDRESS	14550 BRUCE B DOWNS BLVD. #229			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33613			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRIEDMAN, GERALD			NAME			
STREET ADDRESS	3105 WEST WATERS AVENUE			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33614			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Gerald Friedman* 4/30/00 813-931-9005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR E034 (9/99)