2002 UNIFORM BUSINESS REPORT (UBR)

May 20, 2002 8:00 am Secretary of State P95000049346 DOCUMENT # 1. Entity Name 05-20-2002 90023 041 ***150.00 WATERSIDE COMPANIES, INC. Mailing Address Principal Place of Business 107 WOODWARD ST 107 WOODWARD ST DESTIN FL 32541 DESTIN FL 32541 US US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3324742 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BURGER wm DISCOMP INU ENO -BARTH, JAMEO C Box Number is Not Acceptable) 400 SOUTH SHORE DRIVE DESTIN FL 32541 Zip Code City 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. FICORIUS UM 4124102 307665 SIGNATURE (NOTE: Registered Agent signature required when reinstating) agent and title if applicable. FILE NOW!!! FEE IS \$150.00 .9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition Change TITLE ☐ Delete TITLE NAME NÀME BURGER, FREDERICK W STREET ADDRESS STREET ADDRESS 4449 LUKE AVE CITY-ST-ZIP CITY-ST-ZIP destin fl Change ☐ Addition Delete TITLE TITLE NAME ELZEN, HAROLD-VAN DEN NAME STREET ADDRESS STREET ADDRESS 4449 LUKE AVE CITY-ST-ZIP CITY-ST-ZIP destin fl ☐ Addition Change Delete TITLE TITLE CID. NAME NAME Burger, John STREET ADDRESS STREET ADDRESS 1475 JERRACE VIEW LANE NORTH CITY-ST-ZIP CITY-ST-ZIE PLYMOUTH MN 5544<u>7 2407</u> ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

BORGOR

SIGNATURE AND TYPED OIL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED