

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90012 038 ***150.00

DOCUMENT # P96000050678

1. Entity Name

WATERBOY SPRINKLER SPECIALISTS, INC.

Principal Place of Business

4980 SW 52ND ST
BAY #112
DAVIE FL 33314
US

Mailing Address

4980 SW 52ND ST
BAY #112
DAVIE FL 33314
US

2. Principal Place of Business

5150 SW 48th WAY
Suite, Apt. #, etc.
614

3. Mailing Address

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

B. ALAN DUBROW, P.A.
2840 UNIVERSITY DR
CORAL SPRINGS FL FL330-65

7. Name and Address of New Registered Agent

Richard Levine
8520 NW 49th St
Lauderhill FL 33351

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	LEVINE, RICHARD	
STREET ADDRESS	8520 NW 49TH ST	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEVINE, RICHARD E.	
STREET ADDRESS	8520 NW 49TH ST	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Richard Levine Richard Levine 1/30/01 (954) 581-6455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)