

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90469 006 \*\*\*150.00

**DOCUMENT # P96000050678**

1. Entity Name

**WATERBOY SPRINKLER SPECIALISTS, INC.**

Principal Place of Business

**5150 SW 48TH WAY  
 614  
 DAVIE FL 33314  
 US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

**5150 SW 48th WAY**

Suite, Apt. #, etc.

**614**

City & State

**DAVIE FL**

Zip

**33314**

Country

**FL BROWARD**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0672735**

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

**LEVINE, RICHARD  
 8520 NW 49TH ST  
 FORT LAUDERDALE FL 33351**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(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, 2002 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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **LEVINE, RICHARD**  
 CITY-ST-ZIP **8520 NW 49TH ST LAUDERHILL FL 33351**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **LEVINE, RICHARD E.**  
 CITY-ST-ZIP **8520 NW 49TH ST LAUDERHILL FL 33351**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 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** 4/2/02 (954) 581-6455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

032115 AV

CR2E034 (9/01)