

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90364 014 \*\*\*150.00

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**DOCUMENT # P96000050678**

1. Entity Name  
**WATERBOY SPRINKLER SPECIALISTS, INC.**



Principal Place of Business  
**5150 SW 48TH WAY  
614  
DAVIE FL 33314  
US**

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0672735**

Applied For  
Not Applicable

Zip Country

Zip Country

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 STREET  
FORT LAUDERDALE FL 33351**

Name  
**Richard E Levine**

Street Address (P.O. Box Number is Not Acceptable)  
**5150 SW 48th WAY, Suite 614**

City **DAVIE** FL Zip Code **33314**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LEVINE, RICHARD</b>
STREET ADDRESS	<b>8520 NW 49TH ST</b>
CITY-ST-ZIP	<b>LAUDERHILL FL 33351</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>LEVINE, RICHARD E.</b>
STREET ADDRESS	<b>8520 NW 49TH ST</b>
CITY-ST-ZIP	<b>LAUDERHILL FL 33351</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Richard E Levine</b>
STREET ADDRESS	<b>5150 SW 48th WAY, suite 614</b>
CITY-ST-ZIP	<b>DAVIE FL 33314</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Richard E Levine</b>
STREET ADDRESS	<b>5150 SW 48th WAY, suite 614</b>
CITY-ST-ZIP	<b>DAVIE FL 33314</b>
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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Richard Levine** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Richard Levine**

**4/16/03 (954) 581-6455**

Date Daytime Phone #

CR2E034 (10/02)