

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000065272

1. Entity Name

WALK IN WATER LAND SALES INC.

FILED

Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90178 001 \*\*\*150.00

Principal Place of Business 8812 OAKWOOD DRIVE LAKE WALES FL 33853 US	Mailing Address 8812 OAKWOOD DRIVE LAKE WALES FL 33853-7258 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3569229	APPLIED FOR	Applied For
5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent  SHEPPARD, ROBERT 8812 OAKWOOD DRIVE LAKE WALES FL 33853	
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7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPPARD, DAVID C		NAME	Sheppard, Robert	
STREET ADDRESS	8812 OAKWOOD DRIVE		STREET ADDRESS	8812 Oakwood Dr.	
CITY-ST-ZIP	LAKE WALES FL 33853		CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPPARD, ROBERT		NAME	Sheppard, David	
STREET ADDRESS	8927 SHEPPARD DRIVE		STREET ADDRESS	8812 Oakwood Dr.	
CITY-ST-ZIP	LAKE WALES FL 33853		CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, DONNA		NAME		
STREET ADDRESS	4535 WALK IN WATER ROAD, #14		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL 33853		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: Robert Sheppard Robert Sheppard, Pres 4-7-2000 863-696-3407  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #