

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90173 041 ***150.00

DOCUMENT # P96000065272

1. Entity Name
WALK IN WATER LAND SALES INC.

Principal Place of Business
8812 OAKWOOD DRIVE
LAKE WALES FL 33853
US

Mailing Address
8812 OAKWOOD DRIVE
LAKE WALES FL 33853
US

2. Principal Place of Business

3. Mailing Address
8812 Oakwood Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Lake Wales FL

Zip

Country

Zip

Country

4. FEI Number **59-3569229**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHEPPARD, ROBERT
8812 OAKWOOD DRIVE
LAKE WALES FL 33853

7. Name and Address of New Registered Agent

Name **Robert Sheppard**
 Street Address (P.O. Box Number is Not Acceptable)
8812 Oakwood Dr.
 City **Lake Wales FL** Zip Code **33898**

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, 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	D	<input type="checkbox"/> Delete
NAME	SHEPPARD, DAVID C	
STREET ADDRESS	8812 OAKWOOD DRIVE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SHEPPARD, ROBERT	
STREET ADDRESS	8812 OAKWOOD DR.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDS, DONNA	
STREET ADDRESS	4535 WALK IN WATER ROAD, #14	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: Robert Sheppard **Robert Sheppard, Pres** **3-12-02** **863-696-3107**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)