

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90168 033 ***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 33898
US**

2. Principal Place of Business

8812 Oakwood Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lake Wales, FL.

City & State

City & State

Zip

33898

Country

USA

Zip

Country

4. FEI Number

59-3569229

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SHEPPARD, ROBERT
8812 OAKWOOD DRIVE
LAKE WALES FL 33898**

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

SIGNATURE

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

(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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | SHEPPARD, DAVID C | |
| STREET ADDRESS | 8812 OAKWOOD DRIVE | |
| CITY-ST-ZIP | LAKE WALES FL 33853 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | SHEPPARD, ROBERT | |
| STREET ADDRESS | 8812 OAKWOOD DR. | |
| CITY-ST-ZIP | LAKE WALES FL 33853 | |
| TITLE | D | <input checked="" 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 |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Sheppard, David C. | |
| STREET ADDRESS | 8812 Oakwood Dr. | |
| CITY-ST-ZIP | Lake Wales, FL. 33898 | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Sheppard, Robert | |
| STREET ADDRESS | 8812 Oakwood Dr. | |
| CITY-ST-ZIP | Lake Wales, FL. 33898 | |
| TITLE | D. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Richards, Donna | |
| STREET ADDRESS | 4535 Walk In Water Road #14 | |
| CITY-ST-ZIP | Lake Wales, FL. 33898 | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Sheppard

2-20-03

863-696-3407

Date

Daytime Phone #

CR2E034 (10/02)