## 2000 UNIFORM BUSINESS REPORT (UBR)

## Aug 22, 2000 8:00 am Secretary of State DOCUMENT # P96000080041 1. Entity Name WATERWAY VENTURES, INC. 08-22-2000 90222 015 \*\*\*550.00 Principal Place of Business Mailing Address 396 S. WITCHDUCK RD. 633 FIFTH KEY DRIVE FT. LAUDERDALE FL 33309 SUITE 200 VIRGINIA BEACH VA 23462 լլլլլը Էրգեն 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 54-1821192 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MURDOCH, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 790 EAST BROWARD BLVD., SUITE 400 FT. LAUDERDALE FL 33301 Zip Code City FI 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE BOYD, JOSEPH W JR NAME NAME STREET ADDRESS 396 S. WITCHDUCK RD., SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VIRGINIA BEACH FL 23462 VIRGINIA BEACH VA 23462 ☐ Delete Change ☐ Addition TITLE MINSCHKE, FRANK B II NAME NAME 396 S. WITCHDUCK RD., SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP VIRGINIA BEACH FL 23462 VIRGINIA BEACH VA 23467 Change Delete\_ TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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 appendix supplemental report is true and accurate and that my name appears in Block 11 or Block 12 if changed, or on an attachment with appendix supplemental report is true and accurate and that my name appears in Block 11 or Block 12 if changed, or on an attachment with appendix supplemental report is true and accurate and that my name appears in Block 11 or Block 12 if changed, or on an attachment with appendix supplemental report is true and accurate and that my name appears in Block 11 or Block 12 if changed, or on an attachment with appendix supplemental report is true and accurate and that my name appears in Block 11 or Block 12 if changed, or on an attachment with appendix supplemental report is true and accurate and that my name appears in Block 11 or Block 12 if changed, or on an attachment with appendix supplemental report is true and accurate and that my name appears in Block 11 or Block 12 if changed, or on an attachment with a property of the changed in the ch

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