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

FILED May 14, 2002 8:00 am Secretary of State

DOCUMENT #	97000018198	
WATERSIDE HOLDINGS, INC.		

1. Entity Nar	ne				05-14-2002 90362 0	21 ***150.00	
WA	TERSIDE HOLDINGS, IN	c.					
	DO NOT WRITE	IN THIS SI	PACE				
2. Principal	97-A O Niel Lane	3. Mailing Address 1800	70				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & Pallahassee, FL		City & State Tallahassee, FL		4.	FEI Number not applicable	Applied For Not Applicable	
Zip 32	303 Country	^{Zip} 32318	Country Leon	5.	Certificate of Status Desired	\$8.75 Additional Fee Required	
				7. Na	ame and Address of Current Registered	Agent	
	Name of the Control o		Name				
	DO NOT W	RITE	Chroat A	Richard I Pelham et Address (P.O. Box Number is Not Acceptable)			
			Street A	4997-	A O'Niel Lane		
	IN THIS SI	PACE					
			City	Talla	hassee FL	Zip Code 32 303	
8 The above	e named entity submits this statement f	or the nursose of changing its	registered office o	r registered ag	ent, or both, in the State of Florida	1 02000	
G. THE GEOTE		or the perpose of entanging his	Togistoraa amee a	regiotoroa ag	ora, or boar, in the state of Florida.		
	Cula. Il tel				Δ	/26/2002	
SIGNATURE	Signature: typed or printed name of registered agen	t and title if applicable. (NOTE	E: Registered Agent signal	ure required when re		72072002	
	Richard L. Pelham				1		
9. This corporation is eligible to satisfy its Intangible January 1 - May 1 After May 1 F		1, Fee is \$550.00		10. Election Campaign Financing	\$5.00 May Be		
(See criteria on book) Amended		d UBR is \$61.25		Trust Fund Contribution.			
	 -	Make Check Payab	le to Departmen	t of State			
11.	OFFICERS AND	DIRECTORS					
TITLE NAME	Everitt, Reese Jimm	17	TITLE	P/D			
STREET ADDRESS	2518 Highway 77, Su		NAME STREET ADDRESS	Dana Pe	elham -		
CITY-ST-ZIP	Lynn Haven, FL 3244		CITY-ST-ZIP	4997-A (DåNiel Lane		
	lynn naven, FE 5244	T	 	Tallahas	ssee, FL 32303		
TITLE :			TITLE NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE			TITLE		, <u></u>	······································	
NAME			NAME				
STREET ADDRESS		•	STREET ADDRESS	• • •	TOO NOT WOU		
CITY-ST-ZIP			CITY-ST-ZIP		DO NOT WRIT	I E	
TITLE	,		TITLE		IN THIS SDAC	· C.	
NAME	4		NAME		IN THIS SPAC	, C.	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE			TITLE				
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850 562 8498

Daytime Phone #

^{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 on an attachment with an address, with all other like empowered.