

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

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-11-2002 90088 022 ***150.00

DOCUMENT # **P97000055428**

1. Entity Name

WATERMAN-BRIGHTON INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2000 OCEAN BLVD

Suite, Apt. #, etc. **#601**

City & State

BOCA RATON, FLA

Zip

33431

Country

U.S.A.

3. Mailing Address

LAW OFFICE OF

RICHARD A. DAAR

Suite, Apt. #, etc. **C-1**

800 WEST AVENUE, STE C-1

City & State

MIAMI BEACH, FLA

Zip

33139

Country

U.S.A.

4. FEI Number

68-0808438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

IN CARE OF LAW OFFICE OF RICHARD A. DAAR

Street Address (P.O. Box Number is Not Acceptable)

SUITE C-1

800 WEST AVENUE

City

MIAMI BEACH

FL

Zip Code

33139

**DO NOT WRITE
IN THIS SPACE**

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

RICHARD DAAR

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**POST WATERMAN HAROLD L
C/O LAW OFFICE OF RICHARD A. DAAR
STE C-1 800 WEST AVENUE,
MIAMI BEACH, FLA 33139**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D. WATERMAN BERYL
C/O RICHARD A. DAAR
800 WEST AVENUE
STE C-1 MIAMI BEACH, FL 33139**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

[H.L. WATERMAN]

2-23-02

561-338 5985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)