

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094257

1. Entity Name

WATERCRAFT WORLD, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90012 016 \*\*\*158.75

Principal Place of Business

Mailing Address

321 N CONGRESS AVE  
STE 103  
DELRAY BCH FL 33445  
US

321 N CONGRESS  
STE 103  
DELRAY BCH FL 33445-3457  
US

2. Principal Place of Business

3181 N. DIXIE HWY

3. Mailing Address

3181 N. DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BCH FL

City & State

POMPANO BCH FL

Zip

33064

Country

Zip

33064

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0810702

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDRA LAMBERT, P.A.  
370 WEST CAMINO GARDENS BLVD.  
SUITE 117  
BOCA RATON FL 33432

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

SIGNATURE

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

(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, 2000 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 PSTD  
NAME EDERY, DANIEL  
STREET ADDRESS 8122 GLADES ROAD #275  
CITY-ST-ZIP BOCA RATON FL 33434

☐ Delete

TITLE PSTD  
NAME EDERY, DANIEL  
STREET ADDRESS 3181 N. DIXIE HWY  
CITY-ST-ZIP POMPANO BCH, FL 33064

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00

Date

954 234-0626

Daytime Phone #

CR2E034 (9/99)