

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013297

1. Entity Name

WATERVIEW PRESS, INC.

**FILED**  
May 17, 2000 8:00 am  
Secretary of State

04-27-2000 90030 016 \*\*\*150.00

Principal Place of Business

Mailing Address

300 W. Mitchell Hammock Rd.  
Suite 4  
Oviedo, Fla. 32765

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3492333

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Stephen M. Combs  
Same

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.

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

TITLE: President/Director  
NAME: 169 W. Broadway St.  
STREET ADDRESS: Oviedo, Fla. 32765  
CITY-ST-ZIP: ☐ Delete

TITLE: ~~Joe~~  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: President/Director  
NAME: Stephen M. Combs  
STREET ADDRESS: 169 W. Broadway St.  
CITY-ST-ZIP: ☐ Delete

TITLE: Oviedo, Fla. 32765  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: Joe D. Pettigrew  
NAME: 2323 Worthington Rd. Director  
STREET ADDRESS: Maitland, Fla. 32751  
CITY-ST-ZIP: ☐ Change ☒ Addition

TITLE: Diana S. Johnson  
NAME: 2320 Hunterfield Rd. Director  
STREET ADDRESS: Maitland, Fla. 32751  
CITY-ST-ZIP: ☐ Change ☒ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-ST-ZIP:

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 all other like empowered.

SIGNATURE:

S.M. Combs  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00 407-365-8500  
Date Daytime Phone #

CR2E034 (9/99)

S.M. Combs, President/Director 5/11/00