

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90366 024 \*\*\*150.00

**DOCUMENT # P98000013297**

1. Entity Name

**WATERVIEW PRESS, INC.**

Principal Place of Business

**300 W MITCHELL HAMMOCK RD  
 STE 4  
 OVIEDO FL 32765**

Mailing Address

**300 W MITCHELL HAMMOCK RD  
 STE 4  
 OVIEDO FL 32765**

2. Principal Place of Business

**2812 Woodside Ave**

Suite, Apt. #, etc.

3. Mailing Address

**3208 E. Colonial DR.**

Suite, Apt. #, etc.

**301**

City & State

**Orlando, Fla.**

City & State

**Orlando, Fla**

Zip

Country

**32803**

Zip

Country

**32803**

4. FEI Number

**59-3492333**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**COMBS, STEPHEN M**

**109 WEST BROADWAY ST  
 OVIEDO FL 32765**

**2812 Woodside Ave  
 Orlando, Fla.  
 32803**

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

*Stephen M Combs*

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	COMBS, STEPHEN M	
STREET ADDRESS	109 W. BROADWAY STREET	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETTIGREW, JOE D	
STREET ADDRESS	2323 WORTHINGTON RD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, DIANA S	
STREET ADDRESS	2320 HUNTERFIELD RD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2812 Woodside Ave.	
CITY-ST-ZIP	Orlando, Fla. 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*Stephen M Combs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/02 407-599-7200

CR2E034 (9/01)