

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90296 003 ***150.00

DOCUMENT # P98000024216

1. Entity Name

WATERFORD IN VERO, INC.

Principal Place of Business

Mailing Address

P.O. BOX 811135
 BOCA RATON FL 33481
 US

P.O. BOX 811135
 BOCA RATON FL 33481-1135
 US

2. Principal Place of Business

3. Mailing Address

3299 NW 2ND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#200

City & State

City & State

BOCA RATON, FL

Zip

Country

33431

USA

Zip

Country

4. FEI Number **65-0896099**

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

RUSTINE, DAVID A
4770 NW 2ND AVE STE D
BOCA RATON FL 33431

Name

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

3299 NW 2ND AVE

#200

City

BOCA RATON

FL

Zip Code

33431

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 ☐ Delete
 NAME **PSD**
 STREET ADDRESS **RUSTINE, DAVID A**
 CITY-ST-ZIP **4770 NW 2ND AVE STE D**
BOCA RATON FL 33431

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3299 NW 2ND AVE**
 CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

David Rustine
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00
 Date

(561) 997-8000
 Daytime Phone #