2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

SIGNATURE:

DOCUMENT # **P98000035491** May 08, 2000 8:00 am 1. Entity Name Secretary of State WATERFORD IMPERIAL, INC. 05-08-2000 90013 044 ***150.00 Mailing Address Principal Place of Business 13575 58TH STREET NORTH 13575 58TH STREET NORTH SUTIE 144/THE SUMMIT BUILDING SUTIE 144/THE SUMMIT BUILDING CLEARWATER FL 33760-3740 CLEARWATER FL 33760 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3551214 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIAMS, DAVID B Street Address (P.O. Box Number is Not Acceptable) 220 S FRANKLIN ST **TAMPA FL 33602** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Change TITLE ☐ Delete BRADFORD, DENNIS D NAME NAME STREET ADDRESS STREET ADDRESS 13575 -58TH ST N. - #144 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33760** ☐ Addition Change. ☐ Delete TITLE LUBECK, DANIEL F NAME NAME STREET ADDRESS STREET ADDRESS 13575 -58TH ST N. - #144 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33760** ☐ Addition ☐ Change ☐ Delete TITLE TITLE LUBECK, JOSEPH G NAME NAME STREET ADDRESS STREET ADDRESS 13575 -58TH ST N. - #144 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33760** ☐ Addition ☐ Delete TITLE ☐ Change TITLE REPKA, JARED NAME STREET ADDRESS STREET ADDRESS 150 MARINA ELRAY CT CITY-ST-ZIP CITY-ST-ZIE **CLEARWATER BCH FL 33767** ☐ Delete TITLE ☐ Change ☐ Addition TITLE SEGAL, RICHARD J NAME NAME STREET ADDRESS STREET ADDRESS 150 MARINA ELRAY CT CITY-ST-ZIP CITY-ST-7IP CLEARWATER BCH FL 33767 ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

RISSED NAME OF SIGNING OFFICER OR DIRECT

Den N'S D. Brad ford 4/25/2000 (927) 538
ECTOR Date Date

FILED