

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90135 018 \*\*\*150.00

**DOCUMENT # P98000046012**

1. Entity Name  
**CASUAL WATERS, INC.**



Principal Place of Business  
**10974 NW 56TH COURT  
CORAL SPRINGS FL 33076  
US**

Mailing Address  
**10974 NW 56TH COURT  
CORAL SPRINGS FL 33076  
US**



2. Principal Place of Business

**187 Sulky Way  
Suite, Apt. #, etc.  
Wellington, Florida  
City & State**

3. Mailing Address

**187 Sulky Way  
Suite, Apt. #, etc.  
Wellington, Florida  
City & State**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0837411**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip **33414** Country **Palm Beach** Zip **33414** Country **Palm Beach**

6. Name and Address of Current Registered Agent

**ZUMPONE, FRANK M  
10974 NW 56TH COURT  
CORAL SPRINGS FL 33076**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Frank Zumpone**

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

(NOTE: Registered Agent signature required when reinstating)

**3/20/03**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **ZUMPONE, FRANK M**  
STREET ADDRESS **10974 NW 56TH COURT**  
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Zumpone, Frank** ☒ Change ☐ Addition  
NAME **187 Sulky Way**  
STREET ADDRESS **Wellington, FL 33414**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Signature Required**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/03** **561-514-1646**  
Date Daytime Phone #

CR2E034 (10/02)