

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055227

1. Entity Name

WATER'S EDGE DERMATOLOGY, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90014 042 ***150.00

Principal Place of Business

Mailing Address

301 NE 19TH DRIVE
OKEECHOBEE FL 34972

301 NE 19TH DRIVE
OKEECHOBEE FL 34972-1911

054459



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3385 Burns Rd., Ste. 101
Suite, Apt. #, etc.
Palm Beach Gardens, FL

3385 Burns Rd., Ste. 101
Suite, Apt. #, etc.
Palm Beach Gardens, FL

City & State

City & State

4. FEI Number 65-0844229

Applied For

Not Applicable

Zip 33410

Country U.S.A.

Zip 33410

Country USA

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

SCHIFF, THEODORE
301 NE 19TH DRIVE
OKEECHOBEE FL 34972

Name

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

3385 Burns Rd., Ste. 101

City Palm Beach Gardens

FL

Zip Code 33410

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)

4/4/00

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	D	<input type="checkbox"/> Delete
NAME	SCHIFF, THEODORE	
STREET ADDRESS	301 NE 19TH DRIVE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3385 Burns Rd., Ste. 101
CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00

Date

561-694-9493

Daytime Phone #

CR2E034 (9/99)