

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003504

1. Entity Name

WATERMARK PROJECTS, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90036 035 \*\*\*150.00

Principal Place of Business

Mailing Address

3908 26TH ST. WEST  
 BRADENTON FL 34205

3908 26TH ST. WEST  
 BRADENTON FL 34205-3510

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0879362

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FELDMAN, MARC H  
 3908 26TH ST. WEST  
 BRADENTON FL 34205

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

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: P/D  
 NAME: MICHAEL D. WATERS  
 STREET ADDRESS: 1006 CASA BELLA DR  
 CITY-ST-ZIP: BRADENTON FL 34209

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

TITLE: S/T/V/D  
 NAME: MARC H FELDMAN  
 STREET ADDRESS: 3908-26TH ST W  
 CITY-ST-ZIP: BRADENTON FL 34205

TITLE: ☐ Delete  
 NAME: ☐ Change ☐ Addition  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC H FELDMAN

Date

Daytime Phone #

4-17-2000

941  
 758 8888

0034 (0000)