

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014413

1. Entity Name

WATERBOURNE SERVICES, INC.

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90366 006 \*\*\*150.00

Principal Place of Business

709 S.W. 4TH AVENUE  
BOYNTON BEACH FL 33426

Mailing Address

709 S.W. 4TH AVENUE  
BOYNTON BEACH FL 33426

2. Principal Place of Business

17044 76TH ST. N.

Suite, Apt. #, etc.

3. Mailing Address

17044 76TH ST. N.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LOXAHATCHER FL

Zip

Country

33470 USA

City & State

LOXAHATCHER FL

Zip

Country

33470 USA

4. FEI Number 65-0905602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WATERS, EDWARD C  
709 S.W. 4TH AVENUE  
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name

EDWARD C WATERS

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

17044 76TH ST. N.

City

LOXAHATCHER

State

Zip Code

FL 33470

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, 2001 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

TITLE P  
NAME WATERS, LISA L  
STREET ADDRESS 709 S.W. 4TH AVENUE  
CITY-STATE-ZIP BOYNTON BEACH FL 33426 ☒ Delete

TITLE ST  
NAME WATERS, EDWARD C  
STREET ADDRESS 709 SW 4 AVE  
CITY-STATE-ZIP BOYNTON BEACH FL 33426 ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME EDWARD C WATERS  
STREET ADDRESS 17044 76TH ST N  
CITY-STATE-ZIP Loxahatchee FL 33470 ☒ Change ☐ Addition

TITLE ST  
NAME LISA L. WATERS  
STREET ADDRESS 17044 76TH ST N  
CITY-STATE-ZIP Loxahatchee FL 33470 ☒ Change ☐ Addition

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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

4/30/01

Date

561.753-9533

Daytime Phone #

CR2E034 (10/00)