

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91841 008 \*\*\*150.00

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AV

**DOCUMENT # P99000024457**

**1. Entity Name**  
**WATERLINE HOMES, INC.**



**Principal Place of Business**  
**100 N.E. THIRD AVENUE**  
**SUITE 610**  
**FORT LAUDERDALE FL 33301**

**Mailing Address**  
**100 N.E. THIRD AVENUE**  
**SUITE 610**  
**FORT LAUDERDALE FL 33301**



**2. Principal Place of Business**  
**1025 South University Drive**

**3. Mailing Address**  
**1025 S. UNIVERSITY DRIVE**

**Office Max Plaza**

**Office Max Plaza**

**City & State**  
**Plantation, FL**

**City & State**  
**PLANTATION, FL**

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **65-0912147**

**Applied For**  
**Not Applicable**

**Zip**  
**33324**

**Country**  
**USA**

**Zip**  
**33324**

**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**

**TESCHER, HOWARD A ESQ.**  
**100 N.E. THIRD AVENUE**  
**SUITE 610**  
**FORT LAUDERDALE FL 33301**

**Name** **SUZANNE FRIEDMAN, ESQ.**  
**Street Address (P.O. Box Number is Not Acceptable)** **1025 S. UNIVERSITY DRIVE**  
**Office Max Plaza**  
**City** **Plantation** **FL** **Zip Code** **33324**

**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**

*Suzanne Friedman*

**DATE** **4/22/03**

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

(NOTE: Registered Agent signature required when reinstating)

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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☒ **Delete**  
**NAME** **PERRY, CRAIG**  
**STREET ADDRESS** **100 NE THIRD AVE 610**  
**CITY-ST-ZIP** **FORT LAUDERDALE FL 33301**

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

**TITLE** **VPD** ☐ **Delete**  
**NAME** **KIRTMAN, JAY**  
**STREET ADDRESS** **100 NE THIRD AVE 610**  
**CITY-ST-ZIP** **FORT LAUDERDALE FL 33301**

**TITLE** **PRESIDENT** ☒ **Change** ☐ **Addition**  
**NAME** **JAY KIRTMAN**  
**STREET ADDRESS** **1025 S. UNIVERSITY DRIVE**  
**CITY-ST-ZIP** **PLANTATION, FL 33324**

**TITLE** **VPD** ☒ **Delete**  
**NAME** **LIPPMAN, STEVEN**  
**STREET ADDRESS** **100 NE THIRD AVE 610**  
**CITY-ST-ZIP** **FORT LAUDERDALE FL 33301**

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

**TITLE** **STD** ☒ **Delete**  
**NAME** **TESCHER, HOWARD**  
**STREET ADDRESS** **100 NE THIRD AVE 610**  
**CITY-ST-ZIP** **FORT LAUDERDALE FL 33301**

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

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VICE PRESIDENT** ☐ **Change** ☒ **Addition**  
**NAME** **SUZANNE FRIEDMAN**  
**STREET ADDRESS** **1025 S. UNIVERSITY DRIVE**  
**CITY-ST-ZIP** **PLANTATION, FL 33324**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **SECRETARY + TREASURER** ☐ **Change** ☒ **Addition**  
**NAME** **STEVEN AARON**  
**STREET ADDRESS** **1025 S. UNIVERSITY DRIVE**  
**CITY-ST-ZIP** **PLANTATION, FL 33324**

**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:**

*Suzanne Friedman*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**DATE** **4/22/03** **954-915-9151**  
**Daytime Phone #**

CR2E034 (10/02)