

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90262 033 \*\*\*150.00

**DOCUMENT # P99000060797**

1. Entity Name  
**ELEGANT WATERS INC.**

Principal Place of Business

**2430 BAY STREET  
 SARASOTA FL 34237**

Mailing Address

**2430 BAY STREET  
 SARASOTA FL 34237**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0932409**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



001010

6. Name and Address of Current Registered Agent

**JUDD, LINDA  
 2776 KILLIAN STREET  
 NORTH PORT FL 34286**

7. Name and Address of New Registered Agent

Name

**SCOTT GETTLE**

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

**2430 Bay Street**

City

**Sarasota**

FL

Zip Code

**34237**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**SCOTT Gettle, Pres 4-24-02**

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, 2002 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 **PD** ☐ Delete  
 NAME **GETTLE, SCOTT**  
 STREET ADDRESS **2430 BAY STREET**  
 CITY-ST-ZIP **SARASOTA FL 34237**

TITLE **DT** ☒ Delete  
 NAME **HEGEDUS, CHRISTOPHER M**  
 STREET ADDRESS **3612 27TH AVE WEST**  
 CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **DS** ☒ Delete  
 NAME **NAEGELI, MICHAEL A**  
 STREET ADDRESS **3611 27TH AVE WEST**  
 CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **DVP** ☐ Delete  
 NAME **Peter Colis**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVP** ☐ Change ☒ Addition  
 NAME **Peter Colis**  
 STREET ADDRESS **3555 Fair Oaks Lane**  
 CITY-ST-ZIP **Longboat Key, FL 34228**

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

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

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

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-02**

Date

**941-366-6267**

Daytime Phone #

CR2E034 (9/01)