

# 2001 UNIFORM BUSINESS REPORT (UBE)

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**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90110 012 \*\*\*150.00

**DOCUMENT # P99000065183**

1. Entity Name

**QUIET WATERS, U.S.A., INC.**

Principal Place of Business

4134 GULF OF MEXICO DRIVE STE 302  
 LONGBOAT KEY FL 34228

Mailing Address

4134 GULF OF MEXICO DRIVE STE 302  
 LONGBOAT KEY FL 34228

2. Principal Place of Business

1501 West Burleigh Blvd.

Suite, Apt. #, etc.

3. Mailing Address

1501 West Burleigh Blvd

Suite, Apt. #, etc.

City & State

Tavares Florida

City & State

Tavares Florida

4. FEI Number

APPLIED FOR  
 DX 65-0953541

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

JACKSON, VALERIE

4134 GULF OF MEXICO DRIVE STE 302  
 LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

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

V. Jackson

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

(NOTE: Registered Agents 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 PD  
 NAME JACKSON, VALERIE ☐ Delete  
 STREET ADDRESS 4134 GULF OF MEXICO DRIVE STE 302  
 CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
 NAME Jackson Valeria  
 STREET ADDRESS 1501 West Burleigh Blvd.  
 CITY-ST-ZIP Tavares Florida 32778

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

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

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

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

TITLE  
 NAME ☐ Change ☐ Addition  
 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:

V. Jackson V. JACKSON

Date

Daytime Phone #

4-26-01

CR20034 (10/00)