

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

1037

DOCUMENT #

1. Entity Name

P99000065183

Quiet Waters U.S.A. Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -5 PM 3:54

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2741 W. Main St

3. Mailing Address

as business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2002 UBR

City & State

Leesburg FL

City & State

4. FEI Number

65-0953544

Applied For

Not Applicable

Zip

334748

Country

Lake

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

VALERIE JACKSON

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

2741 W. Main St.

City

Leesburg

FL

Zip Code

334748

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.

500008816365

11/06/02--01001--003 **158.75

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT. VALERIE JACKSON 2741 W. MAIN ST. LEESBURG, FL. 334748	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

V. Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.5.02

Date

Daytime Phone #

CR2E034B (12/01)

2052

To whom it may concern,
He sent in the renewal for 2002. The check
never cleared. He received no other correspondence
from the Dept. of State. He request any penalty
fees be waived.

Valerie Jackson
President.