

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90038 013 ***150.00

DOCUMENT # P99000091414

1. Entity Name
WATER GIRL PREMIUM, INC.



Principal Place of Business
**6299-5 POWERS AVENUE
JACKSONVILLE FL 32217**

Mailing Address
**6299-5 POWERS AVENUE
JACKSONVILLE FL 32217**

22004437



2. Principal Place of Business
6260 Dupont Station Ct
Suite, Apt. #, etc.

3. Mailing Address
6260 Dupont Station Ct
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Jacksonville, FL
Zip
32217

City & State
Jacksonville, FL
Zip
32217

4. FEI Number
59-3609420

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KELLY, TIMOTHY P
1016 LASALLE STREET
JACKSONVILLE FL 32207**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PRICE, SAM
6299-5 POWERS AVENUE
JACKSONVILLE FL 32217** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PRICE, CHARLES
6299-5 POWERS AVE
JACKSONVILLE FL 32217** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SOLOMON, RAYMOND G
1814 RIVER ROAD
JACKSONVILLE FL 32207** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03
Date

904-367-1700
Daytime Phone #

CR2E034 (10/02)