2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)						FILED Apr 25, 2003 8:00 am Secretary of State		
DOCUMENT # P9900095533 1. Entity Name BAJA WATERFORD, INC.					anorth and a second	Secretary of State 04-25-2003 90286 046 ***158.75		
Principal Place of Business STE, 1145, 931 N. ST, RD. ALTAMONTE SPRINGS FL 32714		Mailing Address STE. 1145, 931 N. ST. RD. ALTAMONTE SPRINGS FL 32714				L KROINERI LIA 18110 LOIN RONN RONI ARMI ERME LELLE ALERE ENLE INER HILLER		
2. Principal F	Place of Business	3. Mailing Address			-			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<u></u>		CHECK HERE IF MAKING CHANGES		
City & Stat	е	City & State			4.	36-4333263	oplied For ot Applicable	
Zip	Country	Zip	Coun	try	5.	Certificate of Status Desired Sa.75 Address Require		
	6. Name and Address of Current Re	gistered Agent			7. 1	Name and Address of New Registered Agent		
CUENTIL OPEODY				Name				
CHENAIL, GREGORY 931 N SR 434				Street Address (P.O. Box Number is Not Acceptable)				
1145				<u></u>				
ALTAMONTE SPRINGS FL 32714				City FL Zip Code				
SIGNATURE .	Signature, typed or printed name of registered agent and ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of S		TE: Registere	d Agent signature requ	ired when re	9. Election Campaign Financing \$5.0	0 May Be	
10.	OFFICERS AND DI	RECTORS	11.		ΑĹ	DDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 11	
TIT⊉E NAME Street Adoress City-St-Zip	PD CHENAIL, GREGORY 929 OASIS CT APOPKA FL 32712	☐ Delete		I		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DAHLEN, DICK 37 BLUE STONE CT. CHADDS FORD PA 19317	☐ Delete	- 4	l		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAHLEN, PRISCILLA 37 BLUE STONE CT. CHADDS FORD PA 19317	☐ Delete	1	l l	*	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Delete DAHLEN, JUDITH K 622 RENAISSANCE POINTE BLVD #312 ALTAMONTE SPRINGS FL 32714				•	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		1		☐ Change	☐ Addition	

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: