

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90137 029 ***150.00

DOCUMENT # S52285

1. Entity Name
LIVIN' WATERS OF WEST FLORIDA INC.



Principal Place of Business
**1813 SW 3RD PL
CAPE CORAL FL 33991
US**

Mailing Address
**1813 SW 3RD PL
CAPE CORAL FL 33991
US**



2. Principal Place of Business
11749 Mina Rd.
Suite, Apt. #, etc.

3. Mailing Address
11749 Mina Rd.
Suite, Apt. #, etc.

City & State
Jacksonsonville, Fl.

City & State
Jacksonville, Fl.

Zip
32223

Country
USA

Zip
32223

Country
USA

4. FEI Number **59-3065307**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LANDIS, DARYL C
1813 SW 3RD PL
CAPE CORAL FL 33991**

7. Name and Address of New Registered Agent

Name **Daryl C. Landis**
Street Address (P.O. Box Number is Not Acceptable)
11749 Mina Rd.
City **Jacksonville** **FL** Zip Code **32223**

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	P	<input type="checkbox"/> Delete
NAME	LANDIS, DARYL C	
STREET ADDRESS	1813 SW 3RD PL	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	S	<input type="checkbox"/> Delete
NAME	LANDIS, FAITH	
STREET ADDRESS	1813 SW 3RD PL	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Landis, Daryl C.	
STREET ADDRESS	11749 Mina Rd.	
CITY-ST-ZIP	Jacksonville, Fl. 32223	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Landis, Faith	
STREET ADDRESS	11749 Mina Rd.	
CITY-ST-ZIP	Jacksonville, Fl. 32223	
TITLE	Landis, Brandon	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11749 Mina Rd.	
STREET ADDRESS	Jacksonville, Fl. 32223	
CITY-ST-ZIP	Jacksonville, Fl. 32223	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Landis, Brandon	
STREET ADDRESS	11749 Mina Rd.	
CITY-ST-ZIP	Jacksonville, Fl. 32223	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fore, F. Randall	
STREET ADDRESS	1371 Hamilton St.	
CITY-ST-ZIP	Jacksonville, Fl. 32205	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

3/1/03

Date

Daytime Phone #

CR2E034 (10/02)