2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or truste changed, or on an attachment with an ad

SIGNATURE:

May 06, 2002 8:00 am secretary of State DOCUMENT # P93000020285 1. Entity Name RONALD C. WATERS, PA 05-06-2002 90005 049 ***150.00 Principal Place of Business Mailing Address 1300 88TH AVE N 1300 88TH AVE N ST PETERSBURG FL 33702 ST PETERSBURG FL 33702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3163249 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WATERS, RONALD C SR Street Address (P.O. Box Number is Not Acceptable) 1300 88TH AVE. N. ST. PETERSBURG FL 33702 City Zip Code FL .3. 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME WATERS, RONALD C SR NAME STREET ADDRESS 1300 88TH AVE N STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME WATERS, SUELLEN NAME STREET ADDRESS STREET ADDRESS 1300 88 AVE N CITY-ST-7iP CITY-ST-ZIP ST PETERSBURG FL TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 financer 697, Florida Statutes; and that my name appears in Block 11 or Block 12 in Block 12

FILED