2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P96000101816

1. Entity Name

JOSÉPH WATTLEWORTH & ASSOCIATES, INC.



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

02-07-2003 90095 042 ***150.00

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Principal Place of Business 19751 NE 87 LN WILLISTON FL 32696 US			Mailing Address 19751 NE 87 LN WILLISTON FL 32696 US												
2. Principal F	Place of Busine	ess	3. Mailing Address										11 110 DE 1010	1 11 818 8 111 1 98 1	
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES							
City & Stat	te		City & State				4. F	4. FEI Number 59-34 16025 Applied For Not Applied						pplied For ot Applicable	7
Zip Country			Zip			Country		Certificate o	f Status [Desired			3.75 Ad e Require	ditional	1
	6. Name	and Address of Current	Register	ed Agent			7. N	ame and A	ddress	of New I	Registe	red Age	ent		7-
SAIFR F	RANK P ESC)				Name					-				1
3426 NW	43RD ST	•			Street Add	eet Address (P.O. Box Number is Not Acceptable)									
SUITE B															
GAINESVI	ILLE FL 3260	06				City						FL Zip Code			1
the obligat	named entity ions of registe	submits this statement for red agent.	r the purp	pose of changing its	s registere	ed office or re	gistered age	ent, or both,	in the St	ate of Fl	orida. 1	am fam	iliar with,	and accept	
SIGNATURE .	Signature, typed o	r printed name of registered agent	and title if app	plicable. (NOT	E: Registere	d Agent signature	required when rei	nstating)			D	ATE			
After	r May 1, 2003	FES IS \$150.00 Fee will be \$550.00 Florida Department o	f State						ion Cam Fund Co			, 🗆		00 May Be d to Fees	
10.		OFFICERS AND	DIBECTO	DBS	11.		ΔDI	DITIONS/C	HANGES	TO OE	FICERS	AND D	BECTOR	Q INI 11	4
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2. 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:

WALLES KEQUES AND WATTEWORTH

01/06/02 352-528-30 Date Davine Phone #