## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Sep 17, 2002 8:00 am Secretary of State

09-17-2002 90090 013 \*\*\*550 00

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DOCUMENT # 214083  1. Entity Name  Watrous Corporation of Sarasota						
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<u>.</u>	O NOT WRIT	E IN THIS S	PAC	<b>E</b>		,
Principal Place of Business     12351 Iona Road		3. Mailing Address			DO NOT WRITE IN THI	s space
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE  Applied For	
City & State Fort Myers, Florida		City & State		5-9-0860343	Not Applicable	
Zip 33908	Country USA	Zip	Country		5. Certificate of Status Desired See Required  7. Name and Address of Current Registered Agent	
		-Faring Constitution Constituti	mmaj ap. Seles a Sil	Name	THEODORE WATE	
	DO NOT V	VRITE		Street Address (	(P.O. Box Number is Not Acceptable)	
	IN THIS S			7	C-54	1NA Pd
				1235   Zip Code OS		
THE REPORT OF THE PROPERTY OF						
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.						
SIGNATURE _	Signature, typed or printed name of registered a	Carrous gent and title # applicable (N	OTE: Registere	d'Agent signature require	d when reinstating) DA	
Tax filing r	ration is eligible to satisfy its Intang equirement and elects to do so.	January 1 After Ma	ay 1, Fee i ded UBR i	e is \$150.00 s \$550.00 s \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
(See criter	ia on back) OFFICERS A	Make Check Pay	able to D	epartment of Sta		
TITLE	PSTD					(12/01
NAME STREET ADDRESS	Watrous T. Theodore 12351 Iona Rd, Fort M	vers FL33908	NAME STREET			<b>84</b> 8
CITY-ST-ZIP	12331 IOHa Ru, 1 Ort W	yers, 1 1 00000	1 to	-SI-ZIP		CRZE034B
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CITY-ST-ZIP			in.	C 144 C 1984 9 1975 B 154 1976		
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TITLE NAME			TITL NAA		IN THIS SPA	ACE
STREET ADDRESS			8.1.7	eet address / V-st-zip		
CITY-ST-ZIP	<u> </u>		This	VIDO Proposition 4 25 - 1 25 92 321		
NAME	-			AE EET ADORESS		
STREET ADDRESS CITY-ST-ZIP			1 1 1 1 1 1 1	Y-ST-ZIP	ALCONOMIC PROPERTY.	
TITLE			S 12.2	EST I		
NAME STREET ADDRESS			NAI STE	ME Reet Address		
			Cit	Y-SI-ZIP	Section 119 07(3)(i) Florida Statutes Liuribe	r certify that the information
13. I hereby indicated	certify that the information supplied on this report or supplemental rep	d with this filing does not qualify port is true and accurate and the perspowered to execute this or	y for the ex lat my sign eport as re	emplion stated in a sture shall have the quired by Chapter	Section 119.07(3)(i), Florida Statutes. I furthe e same legal effect as if made under oath; th 607, Florida Statutes: and that my name ap	at I am an officer or director pears in Block 11 or on an
of the co attachme	orporation of the receiver of trustee ent with an address, with all other li	ke empowered.			a/13/2 23	11-345-140