2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

580400 **DOCUMENT #**

1. Entity Name

J.R. NABORS WATERPROOFING, INC.



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90141 032 ***150.00

				10 COO W.	II.S.					
Principal Place of Business 3708 CLEMWOOD DRIVE ORLANDO FL 32803		Mailing Address 3708 CLEMWOOD DRIVE ORLANDO FL 32803				20001269				
2. Principal P	ace of Business	3. Mailing Address				j 1985al Bilgu 1970 gardi broh	I BOKIN BON BKON BIO		3 11 313 11 1 33 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	9	City & State			4	59-18470	73	-	plied For t Applicable	
Zip	Country	Zip	C	ountry		Certificate of Status Desired	, <u> </u>	8.75 Add ee Required		
	6. Name and Address of Curren	t Registered Age	nt		7	. Name and Address of Nev	v Registered A	gent		
				Name	Name Nabors, Judith L.					
-	J. ROBERT MWOOD DRIVE					s (P.O. Box Number is Not Acceptable) 8 Clemwood Dr.				
ORLANDO) FL 32803									
	named entity submits this statement			1	Orland		FL	3280		
the obligation of the state of	onair/e, typed or printed name of registered agent. ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	nt and atle if applicable.	ر در		L. Na	bors - Presiden en reinstating) 9. Election Campaign	t 01/0	4/03 \$5.0	0 May Be	
	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department c					Trust Fund Contribu			to Fees	
10.	OFFICERS ANI	DIRECTORS		11.		ADDITIONS/CHANGES TO C	FFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NABORS, J. ROBERT 3708 CLEMWOOD DR. ORLANDO FL	2	J Doloto	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME 4 STREET ADDRESS CITY-ST-ZIP	STD NABORS, JUDITH L. 3708 CLEMWOOD DR. ORLANDO FL		_ Bulliu	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3708	rs, Judith L. Clemwood Dr. do, F1. 32803		★ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NABORS, WADE 3708 CLEMWOOD DR ORLANDO FL 32803	С	3 50,000	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS		Г	☐ Delete	TITLE NAME STREET ADDRESS			V- E-V-	☐ Change	☐ Addition	

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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.

Fresident/Sec Judith L. Nabors

01/04/03

407/896-0377 Daytime Phone #