

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

0318235

**DOCUMENT # 610348**

1. Entity Name  
**JOHN'S SAW SERVICE, INC.**

04-30-2001 90379 047 \*\*\*150.00

Principal Place of Business  
**3277-A LAKE WORTH RD  
 LAKE WORTH FL 33461**

Mailing Address  
**3277-A LAKE WORTH RD  
 LAKE WORTH FL 33461**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1904052**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCWATTERS, JAMIE D  
~~4000 LAKE WORTH RD.~~  
 LAKE WORTH FL 33461**

**3277-A Lake Worth Rd.**

Name  
 Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Jamie McWatters as Pres*

DATE **4/23/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE	NAME	TITLE	NAME
VD	MCWATTERS, JAMIE D. 3277 A LAKE WORTH RD LAKE WORTH FL 33461		
D	MCWATTERS, STEVEN A. 3277-A LAKE WORTH RD LAKE WORTH FL 33461		

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 Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jamie McWatters as Pres*

DATE **4/23/01** (561)  
 Daytime Phone # **965-0477**

CF2E034 (10/00)