## **2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # J46035** 1. Entity Name WATERMAN & ASSOCIATES, INC.

## FILED Apr 25, 2001 8:00 am Secretary of State 04-25-2001 90172 017 \*\*\*150.00

City & State    City & State   City & State   City & State   Country   Zip   Country   S. Certificate of Status Desired   S8. Fee   S8.		BIPU ()
P.O. BOX 18554 FEMPLE TERRACE FL 33817-3554  Zip		B(B() ) 1
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City & State    City & State   City & State   City & State   Country   Zip   Country   S. Certificate of Status Desired   S8. Fee   S8.		
Zip Country Zip Country 5. Certificate of Status Desired \$8.  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Ager Name  MILLS, ROGER O. ESO. 4204 N NEBRASKA AVE. TAMPA FL 33603  City FL  6. 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  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)   Make Check Payable to Department of State    11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   Delete NAME    SIREL ADDRESS   CITY-ST-ZIP   TILLE   Delete   TILLE    SITO   Delete   TILLE   Delete    STO   Delete   TILLE    NAME   STREET ADDRESS   CITY-ST-ZIP    TILLE   Delete   TILLE    NAME   STREET ADDRESS   CITY-ST-ZIP    TILLE   Delete   TILLE    NAME   STREET ADDRESS   CITY-ST-ZIP    TILLE   Delete   TILLE    NAME   STREET ADDRESS    CITY-ST-ZIP   DELete   TILLE	DO NOT WRITE IN THIS SPACE	
6. Name and Address of Current Registered Agent  MILLS, ROGER O. ESQ. 4204 N NEBRASKA AVE. TAMPA FL 33603  City FL  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  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See ortlerla on back)   Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. STREET ADDRESS CITY-ST-ZIP  TITLE WATERMAN, JEANNIE   Delete TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE   Delete TERRACE FL   Delete TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE   Delete TERRACE FL   Delete TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE   Delete TERRACE FL   Delete TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE   Delete TERRACE FL   Delete TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE   Delete TERRACE FL   Delete TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE   Delete TERRACE FL   Delete TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE   Delete TERRACE FL   Delete TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE   Delete TERRACE FL   Delete TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE   Delete TERRACE FL   Delete TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE   Delete TERRACE FL   Delete TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME   Delete TERRACE FL   Delete TITLE NAME   Del		plied For t Applicable
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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 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 path; that I am:	Unange	

of the corporation of the receiver of 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.

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