

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2002 8:00 am**  
**Secretary of State**

01-25-2002 90017 041 \*\*\*150.00

**DOCUMENT # J90033**  
 1. Entity Name  
**THE WATAUGA COMPANY**

Principal Place of Business <b>2471 CHENEY HWY          SUITE 4          TITUSVILLE FL 32780          US</b>	Mailing Address <b>2471 CHENEY HWY          SUITE 4          TITUSVILLE FL 32780          US</b>
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2. Principal Place of Business <b>4275 Capron Road</b> Suite, Apt. #, etc.	3. Mailing Address <b>4275 Capron Road</b> Suite, Apt. #, etc.
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City & State <b>Titusville, FL</b>	City & State <b>Titusville, FL</b>
Zip <b>32780</b>	Country <b>Brevard</b>
Zip <b>32780</b>	Country <b>Brevard</b>

4. FEI Number **59-2857836** Applied For  Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SNODGRASS, LYNN ALVIN**  
**3603 ALAN DR**  
**TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent

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 *Lynn A Snodgrass* **Lynn A Snodgrass, Registered Agent** DATE **1/10/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNODGRASS, ELIZABETH A. 3603 ALAN DR TITUSVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SNODGRASS, JASON L. 4613 HELENA DR TITUSVILLE FL 32780	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SNODGRASS, LYNN ALVIN 3603 ALAN DR. TITUSVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lynn A Snodgrass* **Lynn A Snodgrass, Secretary/Treasurer & Registered Agent 321/267-5785**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)