

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90240 014 ***150.00

DOCUMENT # **J90033**

1. Entity Name
THE WATAUGA COMPANY



Principal Place of Business
**4275 CAPRON ROAD
TITUSVILLE FL 32780
US**

Mailing Address
**4275 CAPRON ROAD
SUITE 4
TITUSVILLE FL 32780
US**



2. Principal Place of Business

3. Mailing Address
4275 Capron Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
Titusville, FL

4. FEI Number **59-2857836**

Applied For
Not Applicable

Zip Country

Zip **32780** Country **US**

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

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

Name **SNODGRASS, Lynn Alvin**

Street Address (P.O. Box Number is Not Acceptable)
645 Lakewood Lane

City **Titusville, FL** Zip Code **32780**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lynn A. Snodgrass* **Lynn A. Snodgrass**

2/18/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	SNODGRASS, Elizabeth A.	645 Lakewood Lane	Titusville, FL 32780	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
STD	SNODGRASS, Lynn A.	656 Lakewood Lane	Titusville, FL 32780	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *Elizabeth A. Snodgrass* **Elizabeth A. Snodgrass, President** **2/18/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)