2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P00000069579 **DOCUMENT #** 1. Entity Name

RUTH L. WATERS, P.A.

Principal Place of Business

N FT MYERS FL 33903



Mailing Address 4150 HANCOCK BRIDGE PARKWAY, UNIT 32

4150 HANCOCK BRIDGE PARKWAY, UNIT 32

N FT MYERS FL 33903





FILED

Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90944 033 ***150.00

Suite, Apt. #, old. Suite Apt. #, etc. City & State Name Name Name Name Street Address of New Registered Agent Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Tam familiar with, and accept in the originate of egistered agent, or both, in the State of Florida. Tam familiar with, and accept in the originate of egistered agent, or both, in the State of Florida. Tam familiar with, and accept in the originate of egistered agent, or both, in the State of Florida. Tam familiar with, and accept in the originate of egistered agent, or both, in the State of Florida. Tam familiar with, and accept in the originate of egistered agent, or both, in the State of Florida. Tam familiar with, and accept in the originate of egistered agent, or both, in the State of Florida. Tam familiar with, and accept in the originate of egistered agent, or both, in the State of Florida. Tam familiar with, and accept in the originate of egistered agent, or both, in the State of Florida. Tam familiar with, and accept in the originate of egistered agent, or both, in the State of Florida. Tam familiar with, and accept in the originate of egistered agent, or both, in the State of Florida. Tam familiar with, and accept in the originate of egistered agent, or both, in the State of Florida. Tam familiar with, and accept in the originate of egistered agent, or both, in the State of Florida. Tam fam					1			
City & State Ci	2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Zip Country Lie Country Lie Country Lie Country Lie Country Lie So. Name and Address of Current Registered Agent 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The above named entity submits this stalement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the cot gatories of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the cot gatories of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the cot gatories of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the cot gatories of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the cot gatories of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the cot gatories of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the cot gatories of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the cot gatories with a spatial part with a spatial part with. Signature registered agent agent agent agent with a spatial part with a spatial part with and accept the cot gatories agent with a spatial part with a spatial part with a spatial part with and accept agent with a spatial part with a spatial part with a spatial part with and accept agent with a spatial part with a spatial	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKI	ING CHANG	ES
Street Address (P.O. Bax Number is Not Acceptable) FL Zep Code The above named entity, submits this stallement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept into outgalions of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 G. After May 1, 2003 Fee will be \$55.00 Make Check Payable to Florida Department of state 10.			City & State		4.	4. FEI Number 65-1044935		
WATERS, RUTH L 11291 DEAL RD N FT MYERS FL 33917 City FL Zip Code 8. The above named entity submiss this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. It am familiar with, and eccept the obligations of registered agent, or some production of registered agent, or both, in the State of Florida. It am familiar with, and eccept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and eccept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and eccept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and eccept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and eccept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and eccept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and eccept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and eccept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and eccept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and eccept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and eccept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and eccept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and eccept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and eccept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and eccept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and eccept the obligations of registered agent, or both, in the State of Florida. It am familiar with, and eccep	Zip	Lee	·		5.	. Certificate of Status Desired	\$8.75	Additional
WATERS, RUTH L 11291 DEAL RD N FT MYERS FL 33917 City FL Zip Code		ent Registered Agent		7.	Name and Address of New Registers	d Agent	3116G	
Street Address (P.O. Box Number is Not Acceptable) Title Power of printed wind of inquision dispert and all a special color of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of negistered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 FAILE NOW!! FEE IS \$150.0	WATERC PUTL			Name	Name			
N FT MYERS FL 33917 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. I am familiar with, and accept me obtigations of registered agent. FILE NOW!! FEE IS \$150.00 § After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE MAKE STREET ADDRESS ON F I MYERS FL 33917 THE SUBMITTER STREET ADDRESS ON F I MYERS FL 33917 THE SUBMITTER STREET ADDRESS ON F I MYERS FL 33917 THE SUBMITTER STREET ADDRESS ON STREET ADDRESS	•			Street A	Street Address (P.O. Roy Number in Not Account 1)			
8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature types or printer turns of registered agent and titled applicable. (MOTE Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 Spantage types of printer turns of registered agent and titled applicable. (MOTE Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (MOTE Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (MOTE Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (MOTE Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (MOTE Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. (MOTE Registered Agent signature registered agent, or both, in the State of Florida. (MOTE Registered Agent signature registered agent, or both, in the State of Florida. (MOTE Registered Agent signature registered agent, or both, in the State of Florida. (MOTE Registered Agent signature register degent. (MOTE Registered Agent signatu)			0.0007	Acceptable)			
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. Signatrum	N FI MYER							
6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. SIGNATURE Signature Title				'	.	F		
SIGNATURE Superlawn, typed or printed rome of regulated agent and title if epoil-cable. NNOTE Registered Agent signature required when reintaking) DATE	8. The above r	named entity submits this statemen	t for the purpose of changing it	ts registered office or	r registered a	gent or both in the State of Florida I a	m familias wi	16
Signature, younged printed narror of registroor of registroor and proposed agreet and after a special factors. FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD WATERS, RUTH L 11291 DEAL RD NFT MYERS FL 33917 TITLE SD WATERS, ROBERT J STREET ADDRESS CITY-ST-2P TITLE SD MOZAS, ADA 1291 DEAL RD NFT MYERS FL 33917 TITLE SD MOZAS, ADA 1291 DEAL RD NFT MYERS FL 33917 TITLE SD MOZAS, ADA 1291 DEAL RD NFT MYERS FL 33917 TITLE SD MOZAS, ADA 1291 DEAL RD NFT MYERS FL 33917 TITLE SD MOZAS, ADA 1291 DEAL RD NFT MYERS FL 33917 TITLE SD MOZAS, ADA 1291 DEAL RD NFT MYERS FL 33917 TITLE SD MOZAS, ADA 1291 DEAL RD NFT MYERS FL 33917 TITLE SD MOZAS, ADA 1291 DEAL RD NFT MYERS FL 33917 TITLE STREET ADDRESS CITY-ST-2P TITLE MAME STREET ADDRESS CITY-ST-2P TITLE MAME STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST	the obligation	ons of registered agent.		3 = 2		gent, or both, in the state of Honda. Tal	n tamiliar wii	in, and accept
Signature, younged printed narror of registroor of registroor and proposed agreet and after a special factors. FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD WATERS, RUTH L 11291 DEAL RD NFT MYERS FL 33917 TITLE SD WATERS, ROBERT J STREET ADDRESS CITY-ST-2P TITLE SD MOZAS, ADA 1291 DEAL RD NFT MYERS FL 33917 TITLE SD MOZAS, ADA 1291 DEAL RD NFT MYERS FL 33917 TITLE SD MOZAS, ADA 1291 DEAL RD NFT MYERS FL 33917 TITLE SD MOZAS, ADA 1291 DEAL RD NFT MYERS FL 33917 TITLE SD MOZAS, ADA 1291 DEAL RD NFT MYERS FL 33917 TITLE SD MOZAS, ADA 1291 DEAL RD NFT MYERS FL 33917 TITLE SD MOZAS, ADA 1291 DEAL RD NFT MYERS FL 33917 TITLE SD MOZAS, ADA 1291 DEAL RD NFT MYERS FL 33917 TITLE STREET ADDRESS CITY-ST-2P TITLE MAME STREET ADDRESS CITY-ST-2P TITLE MAME STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST	SIGNATURE _	, , , , , , , , , , , , , , , , , , ,						
FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE MAKE MAKE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE MAKE MAY CASA, ADA 11291 DEAL RD N FT MYERS FL 33917 TITLE MOZAS, ADA 11291 DEAL RD STREET ADDRESS CITY-ST-ZIP TITLE MOZAS, ADA 11291 DEAL RD STREET ADDRESS CITY-ST-ZIP TITLE MOZAS, ADA 11291 DEAL RD STREET ADDRESS CITY-ST-ZIP TITLE MOZAS, ADA 11291 DEAL RD STREET ADDRESS CITY-ST-ZIP TITLE MOZAS, ADA 11291 DEAL RD STREET ADDRESS CITY-ST-ZIP TITLE MOZAS, ADA 11291 DEAL RD STREET ADDRESS CITY-ST-ZIP TITLE MOZAS, ADA 11291 DEAL RD STREET ADDRESS CITY-ST-ZIP TITLE MOZAS, ADA 11291 DEAL RD STREET ADDRESS CITY-ST-ZIP TITLE MOZAS STREET ADDRESS CITY-ST-ZIP TITLE MAKE MAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE MAKE STREET ADDRESS CITY-ST-ZIP TITLE MAKE MAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE MAKE MAKE MAKE STREET ADDRESS CITY-ST-ZIP TITLE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAK	,	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registered Agent signatu	ure required when	reinstating) DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD MOZAS, ADA 11291 DEAL RD NFT MYERS FL 33917 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	(After May 1, 2003 Fee will be \$550.00						\$5	.00 May Be
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADD			1	111		DOITIONS (OLIANIOSO TO OSSUOTO A		 -
MAME WATERS, RUTH L TITLE SD WATERS, ROBERT J TITLE SD WATERS FL 33917 TITLE SD WATERS FL 33917 TITLE SD MAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE SD MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	PD				DDITIONS/CHANGES TO OFFICERS AN		
CITY-ST-ZIP N FT MYERS FL 33917 TITLE NAME STREET ADDRESS CITY-ST-ZIP N FT MYERS FL 33917 TITLE NAME STREET ADDRESS CITY-ST-ZIP NOZAS, ADA 11291 DEAL RD NFT MYERS FL 33917 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-Z							∟ Unange	Addition
TITLE SD				STREET ADDRESS				Ì
MATERS, ROBERT J 11291 DEAL RD N FT MYERS FL 33917 TILE SD MOZAS, ADA 11291 DEAL RD N FT MYERS FL 33917 TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STRE				CITY-ST-ZIP				,
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Delete	TITLE			☐ Change	Addition
CITY-ST-ZIP TITLE - NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							_ •	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS								_
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			·		ರ್.ಡ. ೪ ಕ	المراجب والمجاد المراجب والمجاد	☐ Change	Addition.
CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP								ĺ
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE		☐ Delete	ŤITI F	-			
CITY-ST-ZIP TITLE NAME STREET ADDRESS	i		LD Bollic				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS				STREET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP				}
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE		☐ Delete	TITLE			Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	I .		•					C / Addition
TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	4							1
NAME Change Addition NAME STREET ADDRESS CITY ST. 79		· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZIP				ļ
STREET ADDRESS STREET ADDRESS			☐ Delete				☐ Change	Addition
CITY CT 700	STREET ADDRESS		·					
	CITY-ST-ZIP							İ

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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR