

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90114 050 ***150.00

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1. Entity Name
WATERS FAMILY TRUCKING, INC.

Principal Place of Business
**9172 SE ENGLISH AVE
ARCADIA FL 34266**

Mailing Address
**9172 SE ENGLISH AVE
ARCADIA FL 34266**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
52-2383618

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**WATERS, GEORGE M
9172 SE ENGLISH AVE
ARCADIA FL 34266**

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

SIGNATURE _____ (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 **PD** Delete
NAME **WATERS, GEORGE M**
STREET ADDRESS **9172 SE ENGLISH AVE**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VSTD WATERS, MARGARET A**
STREET ADDRESS **9172 SE ENGLISH AVE**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE Change Addition
NAME **STD WATERS, Margaret A.**
STREET ADDRESS **9172 SE English Ave.**
CITY-ST-ZIP **Arcadia, FL 34266**

TITLE Delete
NAME **V D WLA**
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **V D WATERS, Kevin M.**
STREET ADDRESS **4746 D Berment Rd.**
CITY-ST-ZIP **Punta Gorda, FL 33982**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Margaret A. Waters **MARGARET A. Waters Sec/Tres. 4-11-03 (863)494-4367**

CR2E034 (10/02)