2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000053464 **DOCUMENT #**

1. Entity Name

WATERS PENSION ADVISORS, INC.



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90146 024 ***150.00

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Secretary Secr	Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
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WATERS, JULIA S 400 N ASHLEY SUITE 2300F TAMPA FL 33602 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 the obligations of registered agent. SIGNATURE Signature S	Zip	Country				Countr	5. Ceri		Certificate of Status Desired		8.75 Add	litional	1
WATERS, JULIA S 400 N ASHLEY SUITE 2390F 13 0-0 TAMPA FL. 33802 8. The above named onthy 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 and title 1 applicable. SIGNATURE TILE 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 WATERS, JAMES J SIREET ADDRESS OITY-ST-2P TITLE MAWE SIREET ADDRESS OITY-ST-2P TITLE MAWE SIREET ADDRESS OITY-ST-2P TITLE MAYE SIRET ADDRESS OITY-ST-2		6. Name a	and Addréss of Currer	nt Registere	d Agent			7. 1	Name and Address of New Register	ed Ag	ent		
400 N ASHLEY SUITE 23995 TAMPA FL 33602 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 Signature, typed or printed rame of registered agent agent and take it applicable. (NOTE Registered Agent signature required when relatatory). DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$55.00 After May 1, 2003 Fee will be \$55.00 Make Check Payable to Florida Department of State 11.							Name		•				1
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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 atta

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

813-839-2781

☐ Change

☐ Addition