

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

DOCUMENT # **P99000048410**

1. Entity Name

CHARLES W. WAAS CONSULTANTS INC.



**FILED
Jan 09, 2003 8:00 am
Secretary of State**

01-09-2003 90116 002 ***150.00

Principal Place of Business

6236 HALYARD CT
ROCKLEDGE FL 32955

Mailing Address

6236 HALYARD CT
ROCKLEDGE FL 32955

2. Principal Place of Business

840 SANDHILLCRANE CT

3. Mailing Address

840 SANDHILLCRANE CT

840 SANDHILLCRANE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROCKLEDGE FL

City & State

ROCKLEDGE FL

Zip

32955

Country

USA

Zip

32955

Country

USA

4. FEI Number

59-3586830

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

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 **D** Delete
NAME **WAAS, CHARLES W**
STREET ADDRESS **6236 HALYARD CT**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **D** Change Addition
NAME **WAAS CHARLES W**
STREET ADDRESS **840 SANDHILLCRANE CT,**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **D** Delete
NAME **WAAS, JOAN H**
STREET ADDRESS **6236 HALYARD CT**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **D** Change Addition
NAME **WAAS JOAN H**
STREET ADDRESS **840 SANDHILLCRANE CT**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

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

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.

CHARLES W WAAS

1-7-03 (321)609 9181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)