

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90066 038 \*\*\*150.00

**DOCUMENT # P99000053152**

1. Entity Name

**GEORGE WATERS MACHINE & TOOLING, INC.**

Principal Place of Business

**4205 ROBINS HILL CT  
 MIMS FL 32754**

Mailing Address

**4205 ROBINS HILL CT  
 MIMS FL 32754**



2. Principal Place of Business

**3700 SOUTH HOPKINS AVE**

3. Mailing Address

**3700 SOUTH HOPKINS AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE A**

**SUITE A**

City & State

City & State

**TITUSVILLE, FL**

**TITUSVILLE, FL**

Zip

Zip

Country

Country

**32780**

**USA**

**32780**

**USA**

4. FEI Number

**59-3579469**

Applied For

Not Applicable

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 T  
 4205 ROBINS HILL CT  
 MIMS FL 32754**

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.

SIGNATURE

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WATERS, GEORGE T</b>	
STREET ADDRESS	<b>4205 ROBINS HILL CT</b>	
CITY-ST-ZIP	<b>MIMS FL 32754</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>WATERS, TERESA Y</b>	
STREET ADDRESS	<b>4205 ROBINS HILL CT</b>	
CITY-ST-ZIP	<b>MIMS FL 32754</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)