

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90204 031 \*\*\*150.00

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**DOCUMENT # P99000053152**

1. Entity Name

GEORGE WATERS MACHINE & TOOLING, INC.



Principal Place of Business

3700 SOUTH HOPKINS AVE  
STE A  
TITUSVILLE FL 32780

Mailing Address

3700 SOUTH HOPKINS AVE  
STE A  
TITUSVILLE FL 32780

2. Principal Place of Business

900 BUFFALO RD  
Suite, Apt. #, etc.  
BUILDING #2

3. Mailing Address

4205 ROBINS HILL CT  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

TITUSVILLE, FL  
Zip 32796 Country BREVARD

City & State

MIMS, FL  
Zip 32754 Country USA BREVARD

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

WATERS, GEORGE T  
4205 ROBINS HILL CT  
MIMS FL 32754

7. Name and Address of New Registered Agent

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

TITLE P  
NAME WATERS, GEORGE T  
STREET ADDRESS 4205 ROBINS HILL CT  
CITY-ST-ZIP MIMS FL 32754 ☐ Delete

TITLE VP  
NAME WATERS, TERESA Y  
STREET ADDRESS 4205 ROBINS HILL CT  
CITY-ST-ZIP MIMS FL 32754 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)