2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # V33768 1. Entity Name

CAROL WATERS ENTERPRISES, INC.



Principal Place of Business 1339-R WEST WASHINGTON STREET ORLANDO FL 32805

Mailing Address

1339-R WEST WASHINGTON STREET

ORLANDO FL 32805



FILED

Jan 13, 2003 8:00 am

Secretary of State

01-13-2003 90670 013 ***150.00

2. Principal Place of Business 3. Mailing Address JAR DI JARDIN Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For EDGEWATER 59-3123210 EDG E Not Applicable \$8.75 Additional 5. Certificate of Status Desired ~ 🖸 ~ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WATERS, CAROL J 1339-R WEST WASHINGTON ST ORLANDO FL 32805 EDGEWAT 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. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE NAME WATERS, CAROL J. NAME 1899-R-W: WASHINGTON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE

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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP -

ME OF SIGNING OFFICER OR DIRECTO

Addition

☐ Change