

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90009 007 ***150.00

DOCUMENT # 302852

1. Entity Name

R & S SOFT WATER SERVICE INC

Principal Place of Business

**4680 BABCOCK ST. NE
 PALM BAY FL 32905**

Mailing Address

**4680 BABCOCK ST. NE
 PALM BAY FL 32905**

C0005359



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4520 Babcock St NE

Suite, Apt. #, etc.

3. Mailing Address

4520 Babcock St NE

Suite, Apt. #, etc.

City & State

Palm Bay Florida

Zip

32905

Country

City & State

Palm Bay Florida

Zip

32905

Country

4. FEI Number

59-1156053

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WILSON, WILLIAM L
 741 MONTECLAIR
 PALM BAY FL 32905**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if 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, 2001 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

TITLE **V** ☐ Delete
 NAME **COOPER, ROBERT**
 STREET ADDRESS **1514 PALM PLACE DRIVE**
 CITY-ST-ZIP **PALM BAY FL**

TITLE **PD** ☐ Delete
 NAME **WILSON, WILLIAM L**
 STREET ADDRESS **741 MONTECLAIR NE**
 CITY-ST-ZIP **PALM BAY, FL 00000**

TITLE **S** ☐ Delete
 NAME **WILLSON, ELSA**
 STREET ADDRESS **741 MONTECLAIR NE**
 CITY-ST-ZIP **PALM BAY, FL 00000**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☒ Change ☐ Addition
 NAME **Cooper, Robert**
 STREET ADDRESS **2094 Majestic Pine Ct.**
 CITY-ST-ZIP **Palm Bay FL 32905**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32905**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32905**

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

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

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

William L. Wilson

**William L. Wilson
 President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

321 723 3205

Daytime Phone #

CR2E034 (10/00)

0078155