

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 365851

1. Entity Name

WATER AND AIR RESEARCH INCORPORATED

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90002 026 ***158.75

Principal Place of Business

Mailing Address

6821 S.W. ARCHER ROAD
 GAINESVILLE FL 32608

6821 S.W. ARCHER ROAD
 GAINESVILLE FL 32608-4720

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1302326

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZEGEL, W C
6821 SW ARCHER ROAD
GAINESVILLE FL 32608

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	ZEGEL, WILLIAM C	
STREET ADDRESS	11011 NW 12TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	EVANS, DAVID L	
STREET ADDRESS	2302 NW 15TH PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HEIN, MICHAEL	
STREET ADDRESS	3210 SW 10TH TERR	
CITY-ST-ZIP	GAINESVILLE, FL 00000 32607	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEINBERG, JERRY A.	
STREET ADDRESS	8507 SW 5TH PL	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOSURA, E LYNN	
STREET ADDRESS	2025 SW 19TH WAY	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	KINSER, WILLIAM	
STREET ADDRESS	5533 SW 92ND WAY	
CITY-ST-ZIP	GAINESVILLE FL 32608	

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		
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		
STREET ADDRESS		
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)(f), 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 24, 2000 (352) 372-1500

Date

Daytime Phone #

CR2E034 (9/99)