

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2002 8:00 am**  
**Secretary of State**

07-14-2002 90048 043 \*\*\*550.00

**DOCUMENT # F99000005419**

1. Entity Name  
**WATER & ENERGY SAVINGS CORPORATION**

Principal Place of Business 112 MOUNTAINS BLVD STE 200 LAKE LURE NC 28746	Mailing Address 112 MOUNTAINS BLVD STE 200 LAKE LURE NC 28746
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6265 Sun Blvd. Suite, Apt. #, etc. Unit 1203 City & State St. Petersburg, FL Zip 33715 Country USA	3. Mailing Address 6265 Sun Blvd. Suite, Apt. #, etc. Unit 1203 City & State St. Petersburg, FL Zip 33715 Country USA
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4. FEI Number **35-1871597**  
 Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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.  **FILE NOW!!! FEE IS \$550.00**  
 After September 13, 2002 Fee will be \$750.00  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD OVERMYER, JOHN E 238 PALMER PLACE LAKE LURE NC 28746</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Overmyer, John E. 6265 Sun Blvd. Unit 1202 St. Petersburg, FL 33715</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD OVERMYER, ANDREW V 484 WEST LAKE DRIVE LAKE LURE NC 28746</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John E. Overmyer 07/08/02 (828) 625-0574  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)