


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0135302 AT

**DOCUMENT # F99000005419**

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



FILED

03 SEP 26 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business  
**6265 SUN BLVD 4615 GULF BLVD  
UNIT 1203 SUITE 214  
SAINT PETERSBURG FL 33715 ST PETERS BEACH  
FL 33706 SAINT PETERSBURG FL 33715  
ST PETERS BEACH, FL 33706**

Mailing Address  
**6265 SUN BLVD 4615 GULF BLVD  
UNIT 1203 SUITE 214  
SAINT PETERSBURG FL 33715  
ST PETERS BEACH, FL 33706**

2. Principal Place of Business  
**4615 GULF BLVD  
SUITE, Apt. #, etc.  
SUITE 214  
City & State  
ST PETERS BEACH**

3. Mailing Address  
**4615 Gulf Blvd.,  
SUITE, Apt. #, etc.  
214  
City & State  
St Pete Beach, FL**

CHECK HERE IF MAKING CHANGES

4. FEI Number **35-1871597** Applied For  
Not Applicable

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

Zip **33706** Country **FLORIDA** Zip **33706** Country **USA**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
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]* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD OVERMYER, JOHN E 6265 SUN BLVD UNIT 1202 SAINT PETERSBURG FL 33715</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	<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	<b>SD Overmyer, Andrew V 2219 Snowy Egret Place Bradenton, FL 34202</b> <input checked="" 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

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]* **SIGNATURE REQUIRED** **08/19/03** **727-363-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)