## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # G18888** FLORIDA WATER SPECIALISTS, INC. 4-25-2001 90064 012 \*\*\*150.00 Principal Place of Business Mailing Address 4023 SAWYER CT. 4023 SAWYER CT. SARASOTA FL 34233 SARASOTA FL 34233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2252601 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FUCHS, RONALD M. Street Address (P.O. Box Number is Not Acceptable) 4023 SAWYER CT. SARASOTA FL 34233 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees $\Box$ Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition DP TITLE Change ☐ Delete TITLE FUCHS, RONALD M NAME NAME STREET ADDRESS STREET ADDRESS 4580 LITTLEJOHN TRAIL CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITL F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP upplied with this filing tioes fot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ital 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 further employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information indicated on this report or supply

SIGNATURE:

of the corporation or the rechanged, or on an attachi

TED NAME OF SIGNING OFFICER OR DIRECTOR

empowered.