

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90072 050 \*\*\*150.00

DOCUMENT # **K32834**

1. Entity Name  
**DAICO WATER MANAGEMENT INC.**



Principal Place of Business  
**1101 DEER RUN PL  
1101 DEER RUN PLACE  
VALRICO FL 33595  
US**

Mailing Address  
**% COLLEEN DIAZ  
P O BOX 1362  
VALRICO FL 33594  
US**

**90004301**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **59-3060695**  
Applied For  
 Not Applicable

Zip Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DIAZ, COLLEEN  
1101 DEER RUN PLACE  
VALRICO FL 33594**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DIAZ, JOHNZEY SEGUNDO</b>	
STREET ADDRESS	<b>1101 DEER RUN PLACE</b>	
CITY-ST-ZIP	<b>VALRICO FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>DIAZ, COLLEEN GAIL</b>	
STREET ADDRESS	<b>1101 DEER RUN PLACE</b>	
CITY-ST-ZIP	<b>VALRICO FL</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Johnzey Segundo Diaz **1-14-03** **813 6812973**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)