

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90143 019 ****61.25

DOCUMENT # N00000003843

1. Entity Name

WATER FOR THE NATIONS, INC.

Principal Place of Business

Mailing Address

**712 DOYCE DRIVE
 FORT WALTON BEACH FL 32547**

**712 DOYCE DRIVE
 FORT WALTON BEACH FL 32547**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3654955

Applied For

Not Applicable

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

**HINESLEY, JACK RANDY
 230 WYNN HAVEN BEACH ROAD
 MARY ESTHER FL 32569**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | HINESLEY, JACK RANDY | |
| STREET ADDRESS | 712 DOYCE DRIVE | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32547 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | HINESLEY, VICKI | |
| STREET ADDRESS | 712 DOYCE DRIVE | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32547 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | EVANS, MAURICE E | |
| STREET ADDRESS | 347 CANTEBURY CIRCLE | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32548 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | BRANDES, JAY H | |
| STREET ADDRESS | 681 FAIRWAY AVENUE | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32547 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GHIETTO, JEFF | |
| STREET ADDRESS | 17602 WHISTLING LANE | |
| CITY-ST-ZIP | LUTZ FL 33549 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | JOHNSON, THOMAS GARY | |
| STREET ADDRESS | 10 N W MEMORIAL PARKWAY | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32548 | |

| | |
|----------------|---|
| 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 | |
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| CITY-ST-ZIP | |
| 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 617, 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:

Jack Randy Hinesley
 REGISTERED AGENT

1-15-02 (850) 315-1334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)