## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000062903



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

	TAIN PEAK WATER TREATM	MENT, INC.		01-17-2003 90046	001 ***13	50.00
Principal 16310-4 U HUDSON I US		Mailing Address 16310-4 US HWY 19 HUDSON FL 34667 US		.	III Silis tiste ja	
2. Princip	pal Place of Business	3. Mailing Address				
Suite, /	Apt. #, etc.	Suite, Apt. #, etc.				
City & 5	State	City & State		4. FEI Number FD 2400040	ING CHANG	
Zip	Country	Zip	Country	59-3460346		Applied For Not Applicabl
<del></del>	6. Name and Address of Curre	nt Pagietavad 8		5. Certificate of Status Desired	<b>\$8.75</b> A Fee Requ	idditional ired
	or viamo and Address of Curre	nt Registered Agent		7. Name and Address of New Register	ed Agent	
CARTIEF	R, ROBERT		Name	,		
3440 PA	RAGON TER HILL FL 34607		Street Addre	ss (P.O. Box Number is Not Acceptable)		
Or Hill Co	THLL PL 340U/					<del>-</del>
8 The she		<del>_</del>	City	F	Zip Co	ode
the oblig				stered agent, or both, in the State of Florida. ! a	m familiar with	1, and accept
·	·	(NOI	TE: Registered Agent signature requ	sired when reinstating) DATE		
Aft	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department	of State		Election Campaign Financing     Trust Fund Contribution.	\$5.0 Adde	00 May Be ed to Fees
TITLE	OFFICERS AND	) DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	OC IN 44
NAME STREET ADDRESS CITY-ST-ZIP	DEWER, RANDY 4384 5TH ISLE SPRING HILL FL 34607	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	THE STATE OF THE S	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPRING HILL FL 34607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE	ST					
NAME Street address	CARTIER, ROBERT 3440 PARAGON TERRACE SPRING HILL FL 34607	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SITY-ST-ZIP	3440 PARAGON TERRACE	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE TREET ADDRESS ITY-ST-ZIP TILE TILE TITLE TREET ADDRESS	3440 PARAGON TERRACE		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			~~

12. of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information 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

SIGNATURE:

Daytime Phone #