

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0633546 SP

**DOCUMENT # P96000094345**

1. Entity Name

**A PLUS WATER SOLUTIONS, INC.**

04-02-2002 90901 011 \*\*\*150.00

Principal Place of Business

Mailing Address

19981 US HWY EAST  
 BOSTON GA 31626  
 US

19981 US HWY EAST  
 BOSTON GA 31626  
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

**59-3410884**

Applied For

Not Applicable

Zip

Country

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

**EASTON, PAUL A**  
**7118 BLUEBERRY HILL RD**  
**TALLAHASSEE FL 32303**

Name **PAUL A EASTON**  
 Street Address (P.O. Box Number is Not Acceptable) **6526 Hidden Lakes Dr**  
 City **Tallahassee** FL Zip Code **32311**

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 **Paul A Easton** **PAUL A EASTON** **3-15-2002**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD EASTON, PAUL A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7118 BLUEBERRY HILL DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE NAME	STD EASTON, JEANINE B	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7118 BLUEBERRY HILL DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PD EASTON PAUL A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6526 Hidden Lakes Dr	
CITY-ST-ZIP	Tallahassee FL 32311	
TITLE NAME	S WILMA G. EASTON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	844 RT 322E	
CITY-ST-ZIP	ORWELL, OH 44076-9366	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Paul A Easton** **3-27-02** **229-498-2041**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)