

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 184396

1. Corporation Name
UNITED WATER SOUTH GATE INC.

Principal Place of Business

2746 SIESTA DR
SARASOTA FL 34239
US

Mailing Address

C/O UNTD. WATER RE. - ATTN:GW ACCTING MAN.
200 OLD HOOK ROAD
HARRINGTON PARK NJ 07640

FILED
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90003 004 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1955

4. FEI Number

59-0803703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MUNIPALLI SAMBAMURTHI	
STREET ADDRESS	P.O. BOX 8004, 1400 MILLGATE RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHARDEVOYNE, DAVID E	
STREET ADDRESS	200 OLD HOOK RD	
CITY-ST-ZIP	HARRINGTON PARK NJ	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TURNER, JOHN J.	
STREET ADDRESS	200 OLD HOOK RD	
CITY-ST-ZIP	HARRINGTON PARK NJ	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SAMBAMURTHI, MUNIPALLI	
STREET ADDRESS	P.O. BOX 8004, 1400 MILLGATE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHAKLEY, ALLAN D.	
STREET ADDRESS	200 OLD HOOK RD	
CITY-ST-ZIP	HARRINGTON PARK NJ	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HJELM, CARLA	
STREET ADDRESS	300 OLD HOOK RD	
CITY-ST-ZIP	HARRINGTON PARK NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Machovec, Katherine	
1.3 STREET ADDRESS	2746 Siesta Drive	
1.4 CITY-ST-ZIP	Sarasota, FL	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Iacullo, Robert	
2.3 STREET ADDRESS	200 Old Hook Rd.	
2.4 CITY-ST-ZIP	Harrington Park, NJ	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Moseley, Gary	
4.3 STREET ADDRESS	P.O. Box 8004, 1400 Milcoe Rd.	
4.4 CITY-ST-ZIP	Jacksonville, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ALLAN D. SHAKLEY (ALLAN D. SHAKLEY)

4/20/99

Date

Daytime Phone #