

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90191 026 ****70.00

DOCUMENT # 706886

1. Entity Name

HUDSON WATER WORKS, INC.

Principal Place of Business

**14309 OLD DIXIE HWY
HUDSON FL 34667**

Mailing Address

**14309 OLD DIXIE HWY
HUDSON FL 34667-1133****907175**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1382465

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GARCIA, JOHN
13915 RAIE AVE.
HUDSON FL 34667**

7. Name and Address of New Registered Agent

Name

Craig McCart

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

14309 Crabtrap Ct.

City

Hudson**FL**Zip Code
34667

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
RUFFER, NANCY
7109 MCCRAY DR
HUDSON FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GARCIA, JOHN
13915 RAIE AVE
HUDSON FL** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WILLIAM, FLEECE
7114 FAIR LANE
HUDSON FL 34667** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SIBLEY, ROY
13931 MARGO VENUE
HUDSON FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KNOWLES, KENNETH
6829 HUDSON AVE.
HUDSON FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MCCART, CRAIG
14306 HENDRY CT.
HUDSON FL** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
William Kramer
5929 Beverly Dr.
Hudson, FL 34667** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
14306 Crabtrap Ct. ☒ Change ☐ Addition

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:

SIGNATURE *William Kramer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #