

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706886

1. Entity Name

HUDSON WATER WORKS, INC.

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90147 010 ****70.00

Principal Place of Business

Mailing Address

14309 OLD DIXIE HWY
HUDSON FL 34667

14309 OLD DIXIE HWY
HUDSON FL 34667

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

59-1382465

Applied For

Not Applicable

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

MCCART, CRAIG
13241 HILLWOOD CIRCLE
HUDSON FL 34667

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 S ☐ Delete
NAME RUFFER, NANCY
STREET ADDRESS 7109 MCCRAY DR
CITY-ST-ZIP HUDSON FL

TITLE D ☐ Change ☒ Addition
NAME James Walters
STREET ADDRESS 13619 Maria Dr.
CITY-ST-ZIP Hudson, FL 34667

TITLE D ☐ Delete
NAME KRAMER, WILLIAM
STREET ADDRESS 5929 BEVERLY DR.
CITY-ST-ZIP HUDSON FL 34667

TITLE T ☐ Change ☒ Addition
NAME Henry Digirolamo
STREET ADDRESS 13801 Plumosa
CITY-ST-ZIP Hudson, FL 34667

TITLE T ☒ Delete
NAME WILLIAM, FLEECE
STREET ADDRESS 7114 FAIR LANE
CITY-ST-ZIP HUDSON FL 34667

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME SIBLEY, ROY
STREET ADDRESS 13931 MARGO VENUE
CITY-ST-ZIP HUDSON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ISAACSON, JOHN
STREET ADDRESS 14134 OLD DIXIE HIGHWAY
CITY-ST-ZIP HUDSON FL 34667

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME MCCART, CRAIG
STREET ADDRESS 14306 CRABTRAP CT
CITY-ST-ZIP HUDSON FL

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/02

Date

Daytime Phone #

CR2E037 (9/01)