

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715049

1. Entity Name

POINT BAKER WATER SYSTEM, INC.

Principal Place of Business

6857 HIGHWAY 89
MILTON FL 32570

Mailing Address

6857 HIGHWAY 89
MILTON FLA 32570-9531

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MILTON INSURANCE AGENCY
204 ESCAMBIA ST
MILTON FL 32570

7. Name and Address of New Registered Agent

Name

same

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

TITLE VP ☐ Delete
NAME CUTTS, JAMES F
STREET ADDRESS 6237 WILLARD NORRIS RD
CITY-ST-ZIP MILTON FL 32570

TITLE ST ☐ Delete
NAME WOMACK, JERRY H.
STREET ADDRESS 6524 BASS LANE
CITY-ST-ZIP MILTON FL

TITLE D ☐ Delete
NAME SPICER, ERNIE
STREET ADDRESS 6257 ROBIN HOOD RD.
CITY-ST-ZIP MILTON FL 32570

TITLE P ☐ Delete
NAME DRIGGERS, JERRY
STREET ADDRESS 6404 SPRUCE ST.
CITY-ST-ZIP MILTON FL

TITLE D ☐ Delete
NAME LINCOLN, DWIGHT
STREET ADDRESS 6264 JAY'S WAY
CITY-ST-ZIP MILTON FL 32570

TITLE D ☐ Delete
NAME ROWELL, EDWARD
STREET ADDRESS 420 OAKLAND DR
CITY-ST-ZIP MILTON FL 32570

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director ☐ Change ☒ Addition
NAME Vernon R. Borders
STREET ADDRESS 6236 Oglesby Rd.
CITY-ST-ZIP Milton, Florida 32570

TITLE Director ☐ Change ☒ Addition
NAME Willard Beasley
STREET ADDRESS 590 Elendiea Lane
CITY-ST-ZIP Milton, Florida 32570

TITLE DIRECTOR ☐ Change ☒ Addition
NAME James P. Stewart
STREET ADDRESS P.O. Box 784
CITY-ST-ZIP Milton, Florida 32572

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

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

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:

Jerry H. Spicer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec/ Treasurer

1/6/00

1850-623-4545

Date

Daytime Phone #

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90010 001 ****61.25

01-28-2000 90010 002 *****8.75

4214



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1296743
Applied For
Not Applicable

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

CR2E037 (9/99)