

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90282 001 ****61.25
02-07-2002 90282 002 ****8.75

DOCUMENT # 715049

1. Entity Name

POINT BAKER WATER SYSTEM, INC.

Principal Place of Business

Mailing Address

6857 HIGHWAY 89
MILTON FL 32570

6857 HIGHWAY 89
MILTON FL 32570

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1296743

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

MILTON ISURANCE AGENCY
204 ESCAMBIA ST
MILTON FL 32570

Name PAUL R. GREEN

Street Address (P.O. Box Number is Not Acceptable)
6850 Caroline Street

City

Milton

FL

Zip Code
32570

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 R. GREEN

JANUARY 11, 2002

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

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

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

TITLE D
NAME Colin Douglas Gillis, Jr.
STREET ADDRESS 6270 Oglesby Rd.
CITY-ST-ZIP Milton, Florida 32570 ☒ Change ☐ Addition

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

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

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

TITLE D
NAME James P. Stewart
STREET ADDRESS P.O. Box 764
CITY-ST-ZIP Milton, Florida 32572 ☐ Change ☒ Addition

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

TITLE
NAME Teddy Gaskins Taylor
STREET ADDRESS 6405 Hunter St.
CITY-ST-ZIP Milton, Florida 32570 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Jerry H. WOMACK/Sec/Treas.

1/7/02

850-623-4545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)