**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 03, 2001 8:00 am Secretary of State **DOCUMENT # 758966** 1. Entity Name SAFER WATER SOCIETY, INC. 05-03-2001 90082 046 \*\*\*\*61.25 Principal Place of Business Mailing Address 4002 19TH AVE WEST (34205) 4002 19TH AVE WEST (34205) P O BOX 7292 P Q BOX 7292 **BRADENTON FL 34210 BRADENTON FL 34210** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0163877 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JESSICA JAE ZEIGLER Street Address (P.O. Box Number is Not Acceptable) 106 East College Avenue LA ROSA, DENNIS 1901 WELBY WAY Suite 1200 TALLAHASSEE FL 32308 Zip Code Tallahassee 32301 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 <u>Jessica Jae Zeigler, Director</u> Signature, typed or printed name of registered agent and title if applicable, FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to Trust Fund Contribution, FEE IS \$61.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Change Addition ☐ Delete FERRERI, PATRICIA NAME NAME 4002 19TH AVE W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** PD TITLE ☐ Change ☐ Addition TITLE Delete NAME FERRERI, SAL. NAME 4002 19 AVENUE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** TITLÈ TITLE Change ☐ Addition XX Delete NAME LAROSA, DENNIS NAME STREET ADDRESS 1901 WELBY WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Delete TITLE ☐ Change Addition Jessica JaerZeigler NAME NAME 2622 Stoneridge Drive STREET ADDRESS STREET ADDRESS Tallahassee, Fl. 32303 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

Patintolla Anni Lenneril VSeg/Ireas SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment

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