

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90007 043 ***158.75

DOCUMENT # F00000002646

1. Entity Name

INTEGRATED WATER RESOURCES, INC.

Principal Place of Business

PO BOX 2610
 SANTA BARBARA CA 93120-2610

Mailing Address

PO BOX 2610
 SANTA BARBARA CA 93120-2610

2. Principal Place of Business

18 ANACAPA STREET

Suite, Apt. #, etc.

SECOND FLOOR

3. Mailing Address

Suite, Apt. #, etc.

City & State

SANTA BARBARA

City & State

4. FEI Number

02-0308869

Applied For

Not Applicable

Zip

93101

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HUSTON, JOHN H	
STREET ADDRESS	18 ANACAPA STREET, 2ND FL	
CITY-ST-ZIP	SATNA BARBARA CA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VILLANEUVA, JAMES	
STREET ADDRESS	18 ANACAPA STREET, 2ND FL	
CITY-ST-ZIP	SATNA BARBARA CA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	VILLANEUVA, DANIEL D	
STREET ADDRESS	18 ANACAPA STREET, 2ND FL	
CITY-ST-ZIP	SATNA BARBARA CA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBBINS, ERIC R	
STREET ADDRESS	18 ANACAPA STREET, 2ND FL	
CITY-ST-ZIP	SATNA BARBARA CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROWN, NORMAN N	
STREET ADDRESS	18 ANACAPA STREET, 2ND FL	
CITY-ST-ZIP	SATNA BARBARA CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	THOMPSON, TIMOTHY	
STREET ADDRESS	18 ANACAPA STREET, 2ND FL	
CITY-ST-ZIP	SATNA BARBARA CA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

NORM BROWN

Date

4/24/01

Daytime Phone #

805-966-7157

CR2E034 (10/00)