

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State
 01-23-2002 90070 026 ***150.00

UBR-01 A1

DOCUMENT # F00000004870

1. Entity Name
WATER & WATER CORPORATION

Principal Place of Business
17501 N PALM VILLAGE
TAMPA FL 33647

Mailing Address
12729 SW 42 WAY
WEBSTER FL 33597



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 **58-2258762**

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

SEURBOWER, WILLIAM T
128 BUSHNELL PLAZA
BUSHNELL FL 33513

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 _____ (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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **BAIRD, PO A.**
 STREET ADDRESS **12729 SW 42 WAY**
 CITY-ST-ZIP **WEBSTER FL 33597**

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

TITLE **VP** ☐ Delete
 NAME **BAIRD, JINYI**
 STREET ADDRESS **12729 SW 42 WAY**
 CITY-ST-ZIP **WEBSTER FL 33597**

TITLE **V.P.** ☐ Change ☐ Addition
 NAME **Baird, Jinyi**
 STREET ADDRESS **12729 SW 42 way**
 CITY-ST-ZIP **Webster FL 33597**

TITLE **T** ☐ Delete
 NAME **BAIRD, RANDY J**
 STREET ADDRESS **12729 SW 42 WAY**
 CITY-ST-ZIP **WEBSTER FL 33597**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: **PO A. Baird** 110-02 (813) 615-1333
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)