

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90171 035 ***158.75

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
17501 N. Palms Village
Suite, Apt. #, etc.
Place

3. Mailing Address
17501 N. Palms Village
Suite, Apt. #, etc.
Place

City & State
Tampa, FL

City & State
Tampa F.L.

Zip
33647

Country
Hillsborough

Zip
33647

Country
Hillsborough

☒ CHECK HERE IF MAKING CHANGES

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

H
SEURBOWER, WILLIAM T
128 BUSHNELL PLAZA
BUSHNELL FL 33513

7. Name and Address of New Registered Agent

Name
William T Seurbower
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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE **VP** ☐ Delete
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 607, 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: **POA Baird**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03 (813) 615-1333
Date Daytime Phone #

CR2E034 (10/02)