

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

DOCUMENT # F02000001045

1. Entity Name
WATER SERVICES OF DELAWARE, INC.



Principal Place of Business
**14 S. SWINTON AVENUE
DELRAY BEACH FL 33444**

Mailing Address
**14 S. SWINTON AVENUE
DELRAY BEACH FL 33444**

2. Principal Place of Business
255 NE 6TH AVE

3. Mailing Address
255 NE 6TH AVE

Suite, Apt. #, etc.

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

Zip
33483

Country
USA

4. FEI Number
65-0645915

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SMITHER JR, ROBERT M
14 S. SWINTON AVE
DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name
WINTZER, WILLIAM R.

Street Address (P.O. Box Number is Not Acceptable)
255 NE 6TH AVE

City
DELRAY BEACH FL

Zip Code
33483

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 *William R. Wintzer* **WILLIAM R. WINTZER AH** **4/14/03**

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 NAME STREET ADDRESS CITY-ST-ZIP | P FREAKLEY, EDWIN M 14 S. SWINTON AVE DELRAY BEACH FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD SMITHER JR, ROBERT M 14 S. SWINTON AVE DELRAY BEACH FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT WINTZER, WILLIAM R 14 S. SWINTON AVE DELRAY BEACH FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C WORRELL JR, THOMAS E 14 S. SWINTON AVE DELRAY BEACH FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000016086860 04/15/03--01098--010 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT WINTZER, WILLIAM R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 255 NE 6TH AVE DELRAY BEACH, FL 33483 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CA WORRELL, THOMAS E. JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 255 NE 6TH AVE DELRAY BEACH, FL 33483 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GOODYEAR, KIMBERLY A. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 125 LA POSTA ROAD TADS, NM 87571 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ANYSO SAN MARTIN, MARTA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 255 NE 6TH AVE DELRAY BEACH, FL 33483 |

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: *William R. Wintzer* **WILLIAM R. WINTZER** **4/14/03** **(561) 243-2400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CFR2034 (10/02)