

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0415176 AV

DOCUMENT # F02000001045

1. Entity Name
WATER SERVICES OF DELAWARE, INC.



FILED

03 APR 15 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Suite, Apt. #, etc.

3. Mailing Address
255 NE 6TH AVE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
DELRAY BEACH, FL
Zip
33483
Country
USA

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FREAKLEY, EDWIN M
14 S. SWINTON AVE
DELRAY BEACH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000016086860
04/15/03--01098--010 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
SMITHER JR, ROBERT M
14 S. SWINTON AVE
DELRAY BEACH FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
WINTZER, WILLIAM R
14 S. SWINTON AVE
DELRAY BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
WINTZER, WILLIAM R.
255 NE 6TH AVE
DELRAY BEACH, FL 33483 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
WORRELL JR, THOMAS E
14 S. SWINTON AVE
DELRAY BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CA
WORRELL, THOMAS E. JR
255 NE 6TH AVE
DELRAY BEACH, FL 33483 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GOODYEAR, KIMBERLY A.
125 LA POSTA ROAD
TAOS, NM 87571 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MARTIN, MARTA
255 NE 6TH AVE
DELRAY BEACH, FL 33483 ☐ Change ☒ Addition

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 4/14/03 (561) 243-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)