

DOCUMENT # F45376

1. Entity Name

ATWATER COMPANY

Principal Place of Business

C/O RICHARD SCHULTZ
6055 BAYOU GRANDE BOULEVARD, N.E.
ST. PETERSBURG FL 33703

Mailing Address

C/O RICHARD SCHULTZ
6055 BAYOU GRANDE BOULEVARD, N.E.
ST. PETERSBURG FL 33703**FILED**
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90095 027 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6134 BAYOU GRANDE BLVD NE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State N/C		City & State	
Zip N/C	Country N/C	Zip	Country
4. FEI Number 59-2131121		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	
SCHULTZ, RICHARD 6055 BAYOU GRANDE BOULEVARD, N.E. ST. PETERSBURG FL 33703		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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHULTZ, RICHARD 6055 BAYOU GRANDE BLVD NE ST PETERSBURG, FL 00000 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

Date

Daytime Phone #

RICHARD SCHULTZ **8 JAN 2001** **727-525-5463**

CR2E034 (10/00)