

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90097 033 ***150.00

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DOCUMENT # F95000006048

1. Entity Name

CAPITAL WATER SOFTENERS OF FLORIDA, INC.



Principal Place of Business:
2106 SW HAYWORTH
PORT ST LUCIE FL 34953
US

Mailing Address
2106 SW HAYWORTH
PORT ST LUCIE FL 34953
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0599211**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

COMERFORD, SEAN M
1681 SW DIAMOND STREET
PORT SAINT LUCIE FL 34953

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Wayne Anderson
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/03
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 **PCD** ☒ Delete
NAME **COMERFORD, SEAN**
STREET ADDRESS **1681 S.E. DIAMOND STREET**
CITY-ST-ZIP **PORT ST. LUCIE FL 34953**

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

TITLE **VP** ☐ Delete
NAME **ANDERSON, GAIL**
STREET ADDRESS **2003 N OCEAN BLVD**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☒ Change ☐ Addition
NAME *GAIL Anderson*
STREET ADDRESS *5582 Bermuda Dunes Circle*
CITY-ST-ZIP *Lake Worth FL 33463*

TITLE **VP** ☐ Delete
NAME **ANDERSON, WAYNE**
STREET ADDRESS **2003 N OCEAN BLVD**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☒ Change ☐ Addition
NAME *GAIL Anderson*
STREET ADDRESS *5582 Bermuda Dunes Circle*
CITY-ST-ZIP *Lake Worth FL 33463*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *Wayne Anderson*
STREET ADDRESS *5582 Bermuda Dunes Circle*
CITY-ST-ZIP *Lake Worth FL 33463*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Wayne Anderson
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/03 5612452380

CR2E034 (10/02)