

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005419

1. Entity Name

**WATER & ENERGY SAVINGS CORPORATION**

**FILED**

**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90057 034 \*\*\*158.75

Principal Place of Business

112 MOUNTAINS BLVD  
STE 200  
LAKE LURE NC 28746

Mailing Address

112 MOUNTAINS BLVD  
STE 200  
LAKE LURE NC 28746

2. Principal Place of Business

**SAME AS #1**

3. Mailing Address

**SAME AS #1**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1871597**

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **OVERMYER, JOHN E**  
STREET ADDRESS **227 GATEWAY DRIVE**  
CITY-ST-ZIP **LAKE LURE NC 28746**

☒ Change ☐ Addition  
NAME  
STREET ADDRESS **238 PALMER PLACE**  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **OVERMYER, ANDREW V**  
STREET ADDRESS **484 WEST LAKE DRIVE**  
CITY-ST-ZIP **LAKE LURE NC 28746**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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

01/15/01  
Date

(828) 625-0574  
Daytime Phone #

CR2E034 (10/00)