


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90210 049 ***150.00

DOCUMENT # H78099

1. Entity Name
GATOR WATER AND WASTEWATER MANAGEMENT, INC.



Principal Place of Business
**7811 CONGRESS ST
NEW PORT RICHEY FL 34653
US**

Mailing Address
**POST OFFICE BOX 1940
NEW PORT RICHEY FL 34656
US**



2. Principal Place of Business
**8005 Apple-Six Dr.
Port Richey, Fl.**

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.
Port Richey, Fl.

City & State

CHECK HERE IF MAKING CHANGES

Zip **34668** Country **USA**

Zip Country

4. FEI Number **59-2615019** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBER, AVERILL W
7811 CONGRESS ST
NEW PORT RICHEY FL 34653**

7. Name and Address of New Registered Agent

Name **AVERILL W ROBER**

Street Address (P.O. Box Number is Not Acceptable)
8005 APPLE-SIX DR.

City **PORT RICHEY, FL** Zip Code **34668**

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 *Averill W. Rober* DATE **4-15-03**

* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 PD	<input type="checkbox"/> Delete
NAME ROBER, AVERILL W	
STREET ADDRESS 6343 ROWAN ROAD	
CITY-ST-ZIP NEW PORT RICHEY FL	
TITLE VP	<input type="checkbox"/> Delete
NAME ROBER, RICHARD	
STREET ADDRESS 7811 CONGRESS ST	
CITY-ST-ZIP NEW PORT RICHEY FL 34653	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAME	
STREET ADDRESS 8005 Applesix Drive	
CITY-ST-ZIP Port Richey, Fl. 34668	
TITLE SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAME	
STREET ADDRESS 8005 Applesix Drive	
CITY-ST-ZIP Port Richey, Fl. 34668	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Averill W. Rober* **REQUIRED** DATE **4-15-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)