FILED

2002 UNIFORM BUSINESS REPORT (UBR

SIGNATURE:

DOCUMENT # J25884 1. Entity Name MCDADE WATERWORKS, INC.					Feb 11, 2002 8:00 am Secretary of State 02-11-2002 90092 010 ***158.75				
Principal Place of Business 5410 56TH COMMERCE PARK BLVD TAMPA FL 33610 US		Mailing Address P.O. BOX 16039 TAMPA FL 33687-039 US		- 	NAPITE AIKA JIANI DJIAN KAKALIANTI	AIAI AYAKI AKAIK BII		1411 4 1011 1001	
2. Principal F	Place of Business	3. Mailing Address		- li					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEI Nu	4. FEI Number 59-2857498 Applied For Not Applied For				
Zip	Country	Zip	Country	5. Certific	cate of Status Desired		75 Add Required	fitional	
	6. Name and Address of Current R	legistered Agent	Name	7. Name	and Address of New Re		<u></u>		
WACHSMUTH, WALTER K.				ss (P.O. Box Number is Not Acceptable)					
	D STREET		Street Address	(F.O. DOX IVE	imber is Not Acceptable)				
TAMPA FL 33617			City			FL Z	ip Code	Э	
8. The above	named entity submits this statement for	the purpose of changing its regi	stered office or registe	ered agent, o	r both, in the State of Flori				
Tax filing	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! F After May 1, 2002 I Make Check Payable to	ee will be \$550.00	10.	Election Campaign Final Trust Fund Contribution.	DATE		O May Be	
11.	OFFICERS AND D	DIRECTORS	12.	ADDITIO	NS/CHANGES TO OFFIC	ERS AND DIRE	CTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Wachsmuth, Marie M. 9237-52ND St. Tampa Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST WACHSMUTH, WALTER K. 9237-52ND ST. TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ c	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CHY-ST-ZIP			c	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ =	TITLE NAME STREET ADDRESS CITY-ST-ZIP			c	hange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2 *****	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ c	nange	Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, wi	rue and accurate and that my sig rered to execute this report as re	inature shall have the	same lenal e	iffect as if made under oat	th:thatlaman	officer of	or director	