

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # K55153**1. Entity Name
FLORIDA WATER SYSTEMS, INC.Principal Place of Business
568 WISTERIA WAY
UMATILLA FL 32784
Mailing Address
P.O. BOX 2333
UMATILLA FL 327842. Principal Place of Business
200 SOUTH CENTRAL AVE
Suite, Apt. #, etc.
APT. 73. Mailing Address
Suite, Apt. #, etc.City & State
UMATILLA FL

City & State

Zip Country
32784 US

Zip Country

4. FEI Number
59-2926153
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WERNER DEBORAH LARNED P.A.
8613 VIVIAN BASS WAY

ODESSA FL 33556 US

7. Name and Address of New Registered Agent

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 _____ DATE 04/21/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ST ☒ Delete
NAME BOBER ROBERT E
STREET ADDRESS 8613-VIVIAN BASS WAY
CITY-ST-ZIP ODESSA FL 33556TITLE PV ☐ Delete
NAME BOBER SUSAN J
STREET ADDRESS 8613-VIVIAN BASS WAY
CITY-ST-ZIP ODESSA FL 33556TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PVST ☒ Change ☐ Addition
NAME BOBER ROBERT E
STREET ADDRESS P.O. BOX 2333
CITY-ST-ZIP UMATILLA FL 32784TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: ROBERT E. BOBER

PVST 04/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)