

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K66602

1. Entity Name

WATER WORKS IRRIGATION OF BREVARD, INC.

Principal Place of Business

724 AGENA AVE.. N.W.
PALM BAY FL 32907
US

Mailing Address

724 AGENA AVE.. N.W.
PALM BAY FL 32907
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2931557

Applied For

Not Applicable

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

LOYA, LAZARO JR.
724 AGENA AVENUE NORTHWEST
PALM BAY FL 32907

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 P ☐ Delete
NAME LOYA, LAZARO JR
STREET ADDRESS 724 AGENA AVENUE NW
CITY-ST-ZIP PALM BAY FL 32907

T ☐ Change ☒ Addition
NAME Loya, Lazaro Mark
STREET ADDRESS 724 AGENA AVENUE NW
CITY-ST-ZIP Palm Bay, FL 32907

TITLE VP ☐ Delete
NAME LOYA, CHERYL L.
STREET ADDRESS 724 AGENA AVENUE NW
CITY-ST-ZIP PALM BAY FL 32907

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

TITLE S ☐ Delete
NAME LOYA, KIMBERLY L
STREET ADDRESS 724 AGENA AVENUE NW
CITY-ST-ZIP PALM BAY FL 32907

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

TITLE ☐ Delete
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CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
TITLE
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

4-23-01

Date

321-768-7608

Daytime Phone #

CR2E034 (10/00)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90242 036 ***150.00



DO NOT WRITE IN THIS SPACE