

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90078 025 \*\*\*150.00

0459473

**DOCUMENT # L41900****1. Entity Name****PRO-WATER SYSTEMS, INC.****Principal Place of Business****11631-3 COLUMBIA PK DR E  
JACKSONVILLE FL 32258  
US****Mailing Address****11631-3 COLUMBIA PK DR E  
JACKSONVILLE FL 32258  
US****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number 59-2986640**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****JONES, DONALD G.  
11631-3 COLUMBIA PK DR E  
JACKSONVILLE FL 32258****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

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 PST** ☐ Delete  
**NAME JONES, DONALD G.**  
**STREET ADDRESS 509 TIVOLI DRIVE**  
**CITY-ST-ZIP JACKSONVILLE FL****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE D** ☐ Delete  
**NAME JONES, DONALD G.**  
**STREET ADDRESS 509 TIVOLI DRIVE**  
**CITY-ST-ZIP JACKSONVILLE FL****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE VP** ☐ Delete  
**NAME JONES, JUDY**  
**STREET ADDRESS 509 TIVOLI DR**  
**CITY-ST-ZIP JACKSONVILLE FL****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE S** ☐ Delete  
**NAME KELLEY, GLORIA**  
**STREET ADDRESS 12865 LONGVIEW DR E**  
**CITY-ST-ZIP JACKSONVILLE FL****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ 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 or other like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Donald G. Jones**

Date

**3/22/01**

Daytime Phone #

**904 288-0965**

CR2E034 (10/00)