

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90005 009 ***550.00

80059892

DO NOT WRITE IN THIS SPACE

DOCUMENT # L90979 1. Entity Name J.P. S. WATER SERVICE, INC.				<div style="text-align: center;"> <p>FILED</p> <p>Jul 10, 2001 8:00 am</p> <p>Secretary of State</p> <p>07-10-2001 90005 009 ***550.00</p> <p>80059892</p> </div> <p>DO NOT WRITE IN THIS SPACE</p>			
Principal Place of Business Mailing Address 18408 Oriole Road Fort Myers, FL 33912							
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-0223471		Applied For Not Applicable	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
John G. Parker 18408 Oriole Road Fort Myers, Florida 33912				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				State 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) <input type="checkbox"/>			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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE President <input type="checkbox"/> Delete NAME John G. Parker STREET ADDRESS 18408 Oriole Road CITY - ST - ZIP Fort Myers, FL 33912				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP				TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Vice-President STREET ADDRESS Christine Parker CITY - ST - ZIP 18408 Oriole Road Ft. Myers, FL 33912			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP				TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Secretary STREET ADDRESS Christine Parker CITY - ST - ZIP 18408 Oriole Road Ft. Myers, FL 33912			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP				TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Treasurer STREET ADDRESS John G. Parker CITY - ST - ZIP 18408 Oriole Road Ft. Myers, FL 33912			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP				TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Assistant Treasurer STREET ADDRESS Christine Parker CITY - ST - ZIP 18408 Oriole Road Ft. Myers, FL 33912			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>John G. Parker</i> John G. Parker, Pres. 7-3-01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

CR2E034 (11/00)