

2000 UNIFORM BUSINESS REPORT (UBR)

0011673 AF

DOCUMENT # **L97000000368**

1. Entity Name
STORM WATER RESOURCES OF FLORIDA, L.C.

FILED

00 APR 12 AM 10:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1017 WILDROSE DRIVE
 LUTZ FL 33549-5657

Mailing Address
 P O BOX 1626
 LUTZ FL 33548-1636

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3436346		<input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$5.00 Additional Fee Required	
Zip		Zip		<input checked="" type="checkbox"/>			
Country		Country					

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
MILLER, CHARLES L 1017 WILDROSE DRIVE LUTZ FL 33549-5657				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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS				10. ADDITIONS / CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, CHARLES L			NAME			
STREET ADDRESS	1017 WILDROSE DRIVE			STREET ADDRESS			
CITY- ST- ZIP	LUTZ FL 33549-5657			CITY- ST- ZIP			
				500003217515--5			
				-04/20/00--01106--018			
				*****55.00 *****55.00			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Charles Lynn Miller 04/08/2000 813-948-6634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CFR2E083 (9/99)