

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L97000000368**

1. Entity Name

STORM WATER RESOURCES OF FLORIDA, L.C.

FILED

01 JAN 25 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1017 WILDROSE DRIVE LUTZ FL 33549-5657	Mailing Address P O BOX 1636 LUTZ FL 33548-1626
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P O Box 1636 Suite, Apt. #, etc.
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City & State LUTZ FL	4. FEI Number 59-3436346	Applied For <input type="checkbox"/> Not Applicable
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Zip 33548-1636	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MILLER, CHARLES L
1017 WILDROSE DRIVE
LUTZ FL 33549-5657**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MGRM MILLER, CHARLES L 1017 WILDROSE DRIVE LUTZ FL 33549-5657	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	700003602927--3 -01/30/01--01134--008 *****55.00 *****55.00
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<i>Handwritten signature</i>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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* **RECHARLES Lynn Miller** 1-20-2001 813-949-3889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)