

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -6 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000009084

1. Entity Name  
WATER LLC

Principal Place of Business  
3184 Lake Anderson Ave  
Orlando, Fla 32812

Mailing Address  
P.O. Box 568455  
Orlando, FL 32856-8455

2. Principal Place of Business  
3184 Lake Anderson Ave  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 568455  
Suite, Apt. #, etc.

City & State  
Orlando Fla.

City & State  
Orlando Fla.

Zip  
32812

Country  
USA

Zip  
32856-8455

Country  
USA

4. FEI Number  
59-3617460

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Jack Schipper  
3184 Lake Anderson Ave  
Orlando, Fla. 32812

7. Name and Address of New Registered Agent

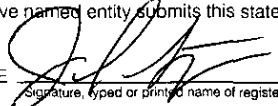
Name

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  Jack Schipper Manager 5-4-2000

Signature, typed or printed name of registered agent and title if applicable. (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                    |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Manager<br>Jack Schipper<br>3184 Lake Anderson Ave<br>Orlando, Fla 32812 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Member<br>Larry Schipper<br>311 W. 31st Street<br>Holland, Michigan 49423 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 10. ADDITIONS/CHANGES                          |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Manager<br>Jack Schipper<br>3184 Lake Anderson Ave<br>Orlando, Fla. 32812 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Member<br>Larry Schipper<br>311 W. 31st St.<br>Holland, Michigan 49423 <input type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <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:  Manager 4-11-2000 407-851-7144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)