

2001 UNIFORM BUSINESS REPORT (UBR)

0026455 AF

DOCUMENT # M00000001307

1. Entity Name

S & W WATER, LLC

FILED

01 APR 23 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1055 WASHINGTON BLVD.
STAMFORD CT 06901

Mailing Address

1055 WASHINGTON BLVD.
STAMFORD CT 06901



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4919 MEMORIAL HWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 103

City & State

TAMPA FL

City & State

4. FEI Number

52-2196662

Applied For

Not Applicable

Zip

33634

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
MGR
KINGMAN, ANDREW P
STREET ADDRESS
1055 WASHINGTON BLVD.
CITY-ST-ZIP
STAMFORD CT 06901

TITLE NAME ☐ Delete
MGR
PEARCE, SCOTT H
STREET ADDRESS
1055 WASHINGTON BLVD.
CITY-ST-ZIP
STAMFORD CT 06901

TITLE NAME ☐ Delete
MGR
HOWARD, WALTER
STREET ADDRESS
1055 WASHINGTON BLVD.
CITY-ST-ZIP
STAMFORD CT 06901

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100004137161--7
-05/04/01--01092--028
*****50.00 *****50.00

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Anthony J. Iess
ANTHONY J. IESS

4/18/01

203-327-7740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)