2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003
Secretary of State

DOCUMENT# N93000005148

Entity Name: TIMBERRIDGE WATER AND SEWER, INC.

Current Principal Place of Business:

131 SW 15TH STREET
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

121 NW 3RD ST.
OCALA, FL 34475 US

New Mailing Address:

FEI Number: 59-3250919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SIMONS, GARY C
121 NW THIRD STREET
OCALA, FL 34475 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: EHLERS, HENRY A.
Address: 2403 SE 17TH STREET
City-St-Zip: OCALA, FL

Title: SD ( ) Delete
Name: MICHAEL P. HILL,
Address: 2020 SE 17 STREET
City-St-Zip: OCALA, FL

Title: DP ( ) Delete
Name: HAND, CHARLES W.
Address: 131 SW 15TH STREET
City-St-Zip: OCALA, FL

Title: TD ( ) Delete
Name: RICHARD D. MUTARELLI,
Address: 131 SW 15 STREET
City-St-Zip: OCALA, FL

Title: D ( ) Delete
Name: WINSTON A. PORTER,
Address: 4330 GEORGETOWN SQUARE II
City-St-Zip: ATLANTA, GA

Title: D ( ) Delete
Name: DUGGAN, MALCOM A JR
Address: 334 NW 3RD AVE
City-St-Zip: OCALA, FL 34475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: EHLERS, HENRY A
Address: 2403 SE 17TH STREET
City-St-Zip: OCALA, FL

Title: SD (X) Change ( ) Addition
Name: HILL, MICHAEL P
Address: 2020 SE 17 STREET
City-St-Zip: OCALA, FL

Title: DP (X) Change ( ) Addition
Name: HAND, CHARLES W
Address: 131 SW 15TH STREET
City-St-Zip: OCALA, FL

Title: TD (X) Change ( ) Addition
Name: MUTARELLI, RICHARD D
Address: 131 SW 15 STREET
City-St-Zip: OCALA, FL

Title: D (X) Change ( ) Addition
Name: PORTER, WINSTON A
Address: 4330 GEORGETOWN SQUARE II
City-St-Zip: ATLANTA, GA

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY C. SIMONS ESQ. 02/05/2003

Electronic Signature of Signing Officer or Director — Date