

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91500 023 ****61.25

DOCUMENT # N98000005130

1. Entity Name

CHASSAHOWITZKA WATER & SEWER, INCORPORATED

Principal Place of Business

**8141 W. PIN OAK CT
HOMOSASSA/CHASSAHOWITZKA
CHASSAHOWITZKA FL 34448
US**

Mailing Address

**GARY BIBEAU
8141 W. PIN OAK CT
HOMOSASSA FL 34448
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3550768**

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRADLEY, DARLENE
10086 S RIVIERA PT
CHASSAHOWITZKA FL**

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **BIBEAU, GARY**
STREET ADDRESS **8141 W PIN OAK CT**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE ☐ Change ☐ Addition
NAME **SAME / unchanged**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSD** ☐ Delete
NAME **CASE, LESLIE**
STREET ADDRESS **C/O 8440 WEST HERON CT**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE ☐ Change ☐ Addition
NAME **SAME / unchanged**
STREET ADDRESS
CITY-ST-ZIP

TITLE **TSD** ☐ Delete
NAME **BRADLEY, DARLENE**
STREET ADDRESS **10086 S RIVIERA PT**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE ☐ Change ☐ Addition
NAME **SAME / unchanged**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PELT, GENE**
STREET ADDRESS **8440 WEST HERON CT**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE ☐ Change ☐ Addition
NAME **SAME / unchanged**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CORONA, HOPE**
STREET ADDRESS **10024 S RIVIERA PT**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE ☐ Change ☐ Addition
NAME **SAME / unchanged**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Darlene Bradley 04/01/02 352-382-0813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)