

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000003847

FILED
Sep 13, 2002
Secretary of State

Entity Name: FAIR WATER RIGHTS, INC.

Current Principal Place of Business:

4645 HWY 92 W
PLANT CITY, FL 33567

New Principal Place of Business:

Current Mailing Address:

P O BOX 522
THONOTOSASSA, FL 33592

New Mailing Address:

FEI Number: 59-3710253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEAVYHOUSE, RUSSELL K
10002 PRINCESS PALM AVE, SUITE 228
TAMPA, FL 33619 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: CARLTON, ROBERT
Address: 202 KNIGHTS GRIFFIN RD E
City-St-Zip: PLANT CITY, FL 33565

Title: D () Delete
Name: MARKS, MICHAEL
Address: 4645 US HWY 92 W
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: YOUNG, ROBERT
Address: 6205 KNIGHTS GRIFFIN RD W
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: SHIVERS, BOB
Address: 1108 KNIGHTS GRIFFIN RD E
City-St-Zip: PLANT CITY, FL 33565

Title: D () Delete
Name: COLLINS, SALLY
Address: 4902 KNIGHTS GRIFFIN RD W
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: PERRY, ROGER
Address: 202 KNIGHTS GRIFFIN RD E
City-St-Zip: PLANT CITY, FL 33565

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: JOSEPH C COSTINE

T

09/13/2002

Electronic Signature of Signing Officer or Director

Date

JOSEPH C COSTINE T
5221 SHADY OAK DR NORTH
LAKELAND, FL 33810