

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90071 033 ***150.00

DOCUMENT # P 000000 44704

1. Entity Name

Water Saver Systems, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

319 PAUNIA RD

Suite, Apt. #, etc.

3. Mailing Address

319 PAUNIA RD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NOKOMIS, FL.

City & State

NOKOMIS, FL

4. FEI Number

5222 33 245

Applied For

Not Applicable

Zip

34275

Country

U.S.A.

Zip

34275

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOHN W. PARENTE

Street Address (P.O. Box Number is Not Acceptable)

319 PAUNIA RD

City

NOKOMIS

FL

Zip Code

34275

**DO NOT WRITE
IN THIS SPACE**

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

JOHN W. PARENTE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	DIRECTOR
NAME	LARRY PYSZKA
STREET ADDRESS	319 PAUNIA RD
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	DUPLICATE
NAME	LARRY PYSZKA
STREET ADDRESS	319 PAUNIA RD
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

2 P

LARRY PYSZKA

4/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)