## 2001 UNIFORM BUSINESS REPORT (UBR)

## Secretary of State DOCUMENT # P0000058284 1. Entity Name 06-02-2001 90001 019 \*\*\*150 00 SEACOAST WATER, INC. 06-20-2001 90014 011 \*\*\*\*\*8.75 Principal Place of Business Mailing Address 3754 S E DIXIE HIGHWAY 3754 S E DIXIE HIGHWAY C0071840 STUART FL 34994 STUART FL 34994 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State FELMumber Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent" MCKENNA, THOMAS Street Address (P.O. Box Number is Not Acceptable) 3754 S E DIXIE HIGHWAY STUART FL 34994 City 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 trite if applicable. (NOT Registered Agent's ghature required when reinstating) DATE FILE NOW I FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2t 01 Fee will be \$550.00 Make Check Paya le to Department of State Trust Fund Contribution. Added to Fees (See criter a on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11 12. ☐ Delete TITLE Channa Addition TITLE NAME NAME MCKENNA, MELANIE J STREET ADDRESS STREET ADDRESS 3754 S E DIXIE HIGHWAY CITY-ST-7IP CJTY-ST-ZIP STUART FL 34994 Addition STD TITLE ☐ Deleta TITLE MCKENNA, THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 3754 S E DIXIE HIGHWAY CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 TITLE ☐ Change Addition TITLE ☐ Delete NAME NA ME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADORESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Change ☐ Addition TITLE Delete DUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 it is 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 Block 12 if changed, or on an attachment with an address, with all other like empowered SIGNATURE:

FILED Jun 20, 2001 8:00 am Certified Public Accountant, Chartered

Roger W. Halverson, C.P.A. Earl D. Ricou, Jr., C.P.A.

900 S.E. Ocean Blvd. Suite 215 B Stuart, Florida 34994 Telephone #(561) 283-3535 Fax # (561) 283-3899

May 29, 2001

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Seacoast Water, Inc.

Gentlemen:

4.4

Enclosed please find 2001 Uniform Business Report for the above-mentioned corporation.

Also enclosed is Seacoast's check in the amount of \$150.00 in payment of the

Please be advised that Thomas McKenna brought this document to our office for review in time to meet the filing date deadline. One of our secretaries inadvertently placed the document in the wrong file. The error was discovered this date.

We are asking forgiveness for the \$400.00 penalty on the basis Seacoast Water Inc. was not negligent in filing the report. The error occurred in our office.

Please let us know at your earliest convenience if you can waive the penalty.

Sincerely-yours,

Roger W Halverson

RWH: 1h Encs.