

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90410 019 ***150.00

DOCUMENT # P01000004634

1. Entity Name
WATER HEATERS PLUS, INC.



Principal Place of Business
**1960 U.S. 1 SOUTH
PMB #8
ST. AUGUSTINE FL 32086**

Mailing Address
**1960 U.S. 1 SOUTH
PMB #8
ST. AUGUSTINE FL 32086**

2. Principal Place of Business

3. Mailing Address

9039 Beach Blvd
Suite, Apt. #, etc.

P.O. Box 16505
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Jacksonville Fla

City & State
Jacksonville Fla

4. FEI Number **59-3690627**

Applied For
Not Applicable

Zip **32216**

Country **Duvnl**

Zip **32245-6505**

Country **Duvnl**

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

**HALL, CHARLES E
77 ALMERIA STREET
SAINT AUGUSTINE FL 32084**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ETTLINGER, STEVEN**
STREET ADDRESS **1960 U.S. 1 SOUTH, PMB #8**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE **VP** ☐ Change ☒ Addition
NAME **John Fingland**
STREET ADDRESS **P.O. Box 16505**
CITY-ST-ZIP **Jax Fla 32245-6505**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Emily Fingland**
STREET ADDRESS **P.O. Box 16505**
CITY-ST-ZIP **Jax Fla 32245-6505**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 607, 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.12.03 904-733-1549

Date Daytime Phone #

CR2E034 (10/02)