

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90163 011 ***158.75

DOCUMENT # P01000057717

1. Entity Name
WEST LAKELAND WASTEWATER INC.



Principal Place of Business
**2903 BROOKS STREET
LAKELAND FL 33803**

Mailing Address
**P.O. BOX 2303
EATON PK. FL 33840**

2. Principal Place of Business

3. Mailing Address

P.O. Box 2303

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Eaton PK FL

4. FEI Number **59-3710952**

Applied For
Not Applicable

Zip

Country

33840

Country

USA

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

BRITT, SUZZANE A

**4707 HIGHLANDS PLACE CIRCLE
LAKELAND FL 33813**

Name

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

3828 Cheryl Dr West

City

Lakeland

FL

Zip Code

33813

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

Suzanne G. Britt, President

1-6-03

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 **P** ☐ Delete
NAME **BRITT, SUZZANE A**
STREET ADDRESS **4707 HIGHLANDS PL, CIR**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☒ Change ☐ Addition
NAME **3828 Cheryl Dr West**
STREET ADDRESS **Lakeland FL 33813**
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **AVERETT, SAM A**
STREET ADDRESS **1815 EWELL RD**
CITY-ST-ZIP **LAKELAND FL 33811**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Suzanne G. Britt**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03 8636651748x

Date

Daytime Phone #

CR2E034 (10/02)