

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90823 050 ***150.00

DOCUMENT # P01000108035

1. Entity Name
AAA WELLS & WATER SYSTEMS INC.



Principal Place of Business
**1218 NIMBUS DR
NORTH PORT FL 34287**

Mailing Address
**1218 NIMBUS DR
NORTH PORT, FL 34287**

2. Principal Place of Business
14580 S. TAMiami TR

3. Mailing Address
14580 S. TAMiami TR

Suite, Apt. #, etc.
Unit D

Suite, Apt. #, etc.
Unit D

City & State
NORTH PORT FL

City & State
NORTH PORT FL

Zip
34287

Country
SARASOTA

Zip
34287

Country
SARASOTA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1154336**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STEWART, WOODROW A
1218 NIMBUS DR
NORTH PORT FL 34287**

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SCHREFFER, VICTOR
12127 MARAVILLA DR
PUNTA GORDA FL 33955**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STEWART, WOODROW
1218 NIMBUS DR
NORTH PORT FL 34287**

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

W. Woodrow Stewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

941-429-2800

Daytime Phone #

CR2E034 (10/02)