

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2004 8:00 am
Secretary of State

04-22-2004 90022 033 ***150.00

DOCUMENT # P02000045753

1. Entity Name

U.S. WATER MANAGEMENT, INC.



Principal Place of Business

**P.O. BOX 4174
ORMOND BEACH FL 32175**

Mailing Address

**P.O. BOX 4174
ORMOND BEACH FL 32175**

66419799



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-0594967

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**A.G.C. CO.
200 SOUTH ORANGE AVENUE
SUNTRUST CENTER, SUITE 2300
ORLANDO FL**

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, 2004 Fee will be \$200.00

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 PD
NAME NEUBAUER, LINDA S
STREET ADDRESS 487 JOHN ANDERSON DR.
CITY-ST-ZIP ORMOND BEACH FL 32176 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Linda S. Neubauer

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

Date

386-672-5550

Daytime Phone #



66419799

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 28, 2004

U.S. WATER MANAGEMENT, INC.
P.O. BOX 4174
ORMOND BEACH, FL 32175

Subject: U.S. WATER MANAGEMENT, INC.

Reference Number: P02000045753

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RG

ANNUAL REPORTS SECTION

On 5/3/04, we received this in the mail. Looking at the Registered Agent's address, it is a physical address in Florida. I don't know how I would change this to fulfill your request. Please call me if I can be of further assistance.

*Linda S. Neubauer
phone - 1-386-672-5550*

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

5/3/04