

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

04-14-2003 90783 026 \*\*\*150.00

**DOCUMENT # P02000096835**

**1. Entity Name**  
**BRENDENWOOD WATER SYSTEM, INC.**



**Principal Place of Business**  
**13600 BERKSHIRE CT.**  
**GRAND ISLAND FL 32735**

**Mailing Address**  
**13600 BERKSHIRE CT.**  
**GRAND ISLAND FL 32735**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**11-3652137**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**POOLE, WILLIAM F IV**  
**195 WEKIVA SPRINGS RD., -204**  
**LONGWOOD FL 32779**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAY, PAUL E</b>	
STREET ADDRESS	<b>13600 BERKSHIRE CT.</b>	
CITY-ST-ZIP	<b>GRAND ISLAND FL 32735</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MOLLERUP, KRISTEE S</b>	
STREET ADDRESS	<b>3153 PENWA CT.</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D, P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAY, PAUL E.</b>	
STREET ADDRESS	<b>13600 BERKSHIRE CT.</b>	
CITY-ST-ZIP	<b>GRAND ISLAND, FL 32735</b>	
TITLE	<b>T, S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MILLER, DEBORAH J.</b>	
STREET ADDRESS	<b>22631 ROCKLAND AVE.</b>	
CITY-ST-ZIP	<b>SORRENTO, FL 32776</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**4/8/03**

**(407) 333-0182**

Date

Daytime Phone #

CR2E034 (10/02)