

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90001 015 ***150.00

DOCUMENT # P03000130688 1. Entity Name BROWARD SEWER SERVICE INC.					
Principal Place of Business 501 NE 26TH ST. WILTON MANORS, FL 33305			Mailing Address 501 NE 26TH ST. WILTON MANORS, FL 33305		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 200391445	
Suite, Apt. #, etc.		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAGER, BEVERLY D 501 NE 26TH ST. WILTON MANORS, FL 33305			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 <u>Beverly D. Sager</u> 6/30/04 SIGNATURE, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE					
FILE NOW!! FEE IS \$150.00 Due by September 6, 2004			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.133(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAGER, WILLIAM D 501 NE 26TH ST. WILTON MANORS, FL 33305	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAGER, BEVERLY D 501 NE 26TH ST. WILTON MANORS, FL 33305	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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: <u>Beverly D. Sager</u> <u>Beverly D. Sager</u> 6/30/04 254-561-4924 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone					