

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000000129

1. Entity Name

WATER AND SEWER SERVICES OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

10810-72 ST. N.
SUITE 207
LARGO FL 33777

P.O. BOX 881
PINELLAS PARK FL 33780-0881

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3156082

Applied For

Not Applicable

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

JANSSEN, DUANE H
1626 38TH AVENUE NORTH
ST. PETERSBURG FL 33713

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	ST	BAKER, GERALD P	6822 22ND AVE. NORTH #400							
			ST. PETERSBURG FL 33710							
	PD	BAKER, KATHRYN	131 MONTEZUMA STREET							
			LYONS NY 14489							
	D	PERRY, LAWRENCE	28 DEPEW AVENUE							
			LYONS NY 14489							

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald P. Baker
Secretary

Date

4-11-00 (727) 546-8848

Daytime Phone #

CR2E034 (9/99)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90009 039 ***150.00

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DO NOT WRITE IN THIS SPACE