

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90017 008 ***150.00

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 34664

643794



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

604 PACKARD CT

3. Mailing Address

604 PACKARD CT.

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE A

City & State

SAFETY HARBOR FL

City & State

SAFETY HARBOR FL

4. FEI Number

59-3156082

Applied For

Not Applicable

Zip

34695

Country

PINELLAS

Zip

34695

Country

PINELLAS

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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.

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, 2001 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	ST	<input type="checkbox"/> Delete
NAME	BAKER, GERALD P	
STREET ADDRESS	6822 22ND AVE. NORTH #400	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BAKER, KATHRYN	
STREET ADDRESS	131 MONTEZUMA STREET	
CITY-ST-ZIP	LYONS NY 14489	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, LAWRENCE	
STREET ADDRESS	28 DEPEW AVENUE	
CITY-ST-ZIP	LYONS NY 14489	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)