

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

0649670 AV

03-07-2002 90051 047 ***150.00

DOCUMENT # P93000000129

1. Entity Name
WATER AND SEWER SERVICES OF TAMPA BAY, INC.

Principal Place of Business Mailing Address
604 PACKARD CT 604 PACKARD CT
STE A STE A
SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695



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

JANSSSEN, 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 _____ (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, 2002 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 ☐ Delete
 NAME **ST BAKER, GERALD P**
 STREET ADDRESS **6822 22ND AVE. NORTH #400**
 CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE ☒ Change ☐ Addition
 NAME **ST Baker, Gerald P**
 STREET ADDRESS **604 Packard Court, Ste A**
 CITY-ST-ZIP **Safety Harbor, FL 34695**

TITLE ☐ Delete
 NAME **PD BAKER, KATHRYN**
 STREET ADDRESS **131 MONTEZUMA STREET**
 CITY-ST-ZIP **LYONS NY 14489**

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

TITLE ☐ Delete
 NAME **D PERRY, LAWRENCE**
 STREET ADDRESS **28 DEPEW AVENUE**
 CITY-ST-ZIP **LYONS NY 14489**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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

Gerald P. Baker
2-1-02 (727) 546-8848
 Date Daytime Phone #

CR2E034 (9/01)