

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000046958

1. Entity Name

~~R. C. BAUMANN ENTERPRISES, INC.~~ changed Name 1-1-2000
A-2-Z Water Systems Inc.

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

03-21-2000 90069 029 ***158.75

Principal Place of Business

Mailing Address

339 ANCHOR WAY
FORT PIERCE FL 34946

339 ANCHOR WAY
FORT PIERCE FL 34946-1902

2. Principal Place of Business

3. Mailing Address

408-A FARMERS MARKET Rd

408-A FARMERS MARKET Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft Pierce FL

City & State

Ft Pierce FL

4. FEI Number

59-3191279

Applied For

Not Applicable

Zip

34982

Country

USA

Zip

34982

Country

USA

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

EDGEELL, C WYATT
339 ANCHOR WAY
FORT PIERCE FL 34946

Name Edgell, C Wyatt

Street Address (P.O. Box Number is Not Acceptable)

1806 S. 29th Street

City

Ft Pierce

FL

Zip Code

34947

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 C. Wyatt Edgell Pres

C. Wyatt Edgell

3-15-2000

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 P ☐ Delete
NAME EDGELL, WYATT C.
STREET ADDRESS 339 ANCHOR WAY
CITY-ST-ZIP FORT PIERCE FL 34946

TITLE P ☒ Change ☐ Addition
NAME Edgell, C Wyatt
STREET ADDRESS 1806 S. 29th Street
CITY-ST-ZIP Ft Pierce, FL 34947

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/T ☐ Change ☒ Addition
NAME ~~Edgell~~ Fisher, DANA R
STREET ADDRESS 524 ESTER AVE
CITY-ST-ZIP Port St Lucie, FL 34983

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: C. Wyatt Edgell Pres

3-15-2000

561-466-4401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 1014 (03/99)