

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000046958

1. Entity Name
A-2-Z WATER SYSTEMS INC.

Principal Place of Business
408-A FARMERS MARKET RD
FORT PIERCE FL 34982

Mailing Address
408-A FARMERS MARKET RD
FORT PIERCE FL 34982

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 59-3191279

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

EDGELL, C WYATT
1806 S 29TH STREET
FORT PIERCE FL 34947

Name DANA R. FISHER

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

City Port St Lucie FL Zip Code 34983

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 *Dana Fisher* Dana Fisher

4-30-01

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 P
NAME EDGELL, WYATT C.
STREET ADDRESS 1806 S 29TH STREET
CITY-ST-ZIP FORT PIERCE FL 34947 ☐ Delete

TITLE P
NAME FISHER, DANA R
STREET ADDRESS 524 ESTER AVE.
CITY-ST-ZIP PORT ST LUCIE FL 34983 ☒ Change ☐ Addition

TITLE ST
NAME FISHER, DANA R
STREET ADDRESS 524 ESTER AVE.
CITY-ST-ZIP PORT SAINT LUCIE FL 34983 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 *Dana Fisher* Dana Fisher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 561-466-4401

Date

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE