

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000048437

1. Entity Name
NAPLES WATER TREATMENT SYSTEMS, INC.

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90357 015 ***150.00

Principal Place of Business

5071 TAMiami TRAIL EAST
NAPLES FL 34113
US

Mailing Address

5071 TAMiami TRAIL EAST
NAPLES FL 34113
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0423674

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

COLLINS, ADELINE J
169 HEATHER GROVE LANE
NAPLES FL 34113

Name COLLINS, GARY LAWRENCE
Street Address (P.O. Box Number is Not Acceptable)
169 Heather Grove Lane
City NAPLES FL Zip Code 34113

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

President

2-16-01

(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

TITLE P
NAME COLLINS, GARY LAWRENCE
STREET ADDRESS 169 HEATHER GROVE LANE
CITY-ST-ZIP NAPLES FL 34113 ☐ Delete

TITLE VP
NAME COLLINS, CAROLINE ANN
STREET ADDRESS 169 HEATHER GROVE LANE
CITY-ST-ZIP NAPLES FL 34113 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/01 (941) 732-6800
Date Daytime Phone #

CR2E034 (10/00)