

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90143 007 ***150.00

DOCUMENT # P93000068452



1. Entity Name
WATER WERKS OF SOUTHWEST FLORIDA, INC.

Principal Place of Business
**532 SE 47TH TERRACE #1
CAPE CORAL FL 33904**

Mailing Address
**532 SE 47TH TERRACE #1
CAPE CORAL FL 33904**



2. Principal Place of Business
118 SW 52ND STREET
Suite, Apt. #, etc.

3. Mailing Address
118 SW 52ND STREET
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
CAPE CORAL FL

City & State
CAPE CORAL FL

4. FEI Number **65-0434990**

Applied For
☐ Not Applicable

Zip **33914** Country **USA**

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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROOSA, RICHARD V.S.
1714 CAPE CORAL PARKWAY
CAPE CORAL FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D JACKSON, DAWN**
STREET ADDRESS **532 SE 47TH TERRACE #1**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☒ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **118 SW 52ND STREET**
CITY-ST-ZIP **CAPE CORAL, FL 33914**
ADDRESS ONLY

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Richard V.S. Roosa**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-03

(239) 945-0311

Date

Daytime Phone #

CR2E034 (10/02)