

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90142 025 ***150.00

DOCUMENT # P94000078780

1. Entity Name
SUNDANCE WATER SYSTEMS, INC.



Principal Place of Business
**1539 SW 15TH WAY
SUITE B
BELL FL 32619
US**

Mailing Address
**1539 SW 15TH WAY
SUITE B
BELL FL 32619
US**

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 **65-0533370**

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

**TURLEY, JUDY D.
1539 SW 15TH WAY SUITE B
BELL FL 32619**

Name **Kenneth D. Knight**
Street Address (P.O. Box Number is Not Acceptable)
1539 SW 15th Way
City **Bell** FL Zip Code **32619**

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 **Kenneth D. Knight**

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

Kenneth D. Knight

(NOTE: Registered Agent signature required when registering)

30 Jan 2003

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 **ST** ☐ Delete
NAME **TURLEY, JUDY D**
STREET ADDRESS **1539 SW 15TH WAY**
CITY-ST-ZIP **BELL FL**

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

TITLE **P** ☐ Delete
NAME **KNIGHT, KENNETH D**
STREET ADDRESS **1539 SW 15TH WAY**
CITY-ST-ZIP **BELL FL**

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

TITLE **VP** ☐ Delete
NAME **KHACHIKIAN, ARTOOSH**
STREET ADDRESS **10409 NORTH 27TH STREET**
CITY-ST-ZIP **TAMPA FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

Kenneth D. Knight

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 Jan 2003 (352) 463-7395

Date

Daytime Phone #

CR2E034 (10/02)