

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000025950

1. Entity Name
THE WATER STORE, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90007 044 ***150.00

Principal Place of Business
5796 ENTERPRISE PKWY
FT. MYERS FL 33503

Mailing Address
5796 ENTERPRISE PKWY
FT. MYERS FL 33503

00047001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Cape Coral Plumbing, Inc. SAME

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5796 Enterprise Pkwy.

FT. Myers, FL. 33905

4. FEI Number 59-2514110

Applied For

Not Applicable

Zip Country
USA

Zip Country

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

ITTER, LELAND G JR.
1104 S.E. 12TH AVENUE
CAPE CORAL FL 33990

Name Leland Ritter JR.
Street Address (P.O. Box Number is Not Acceptable)
5796 Enterprise Pkwy.
FT. MYERS, FL. 33905
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.

SIGNATURE *Leland Ritter*
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 \$350.00
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 VP
NAME RITTER, LELAND JR
STREET ADDRESS 5796 ENTERPRISE PKWY.
CITY-ST-ZIP FT. MYERS FL 33905 ☐ Delete

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

TITLE P
NAME RITTER, LELAND G SR.
STREET ADDRESS 5796 ENTERPRISE PKWY
CITY-ST-ZIP FT. MYERS FL 33905 ☐ Delete

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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 *Leland Ritter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-01

Date

Daytime Phone #

CR2E034 (10/00)