

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90317 044 ***150.00

DOCUMENT # P95000027146

1. Entity Name
ARTESIAN WATER, INC.

Principal Place of Business 1250 MT. HOMER RD SUITE 2 EUSTIS FL 32726	Mailing Address 1250 MT. HOMER RD SUITE 2 EUSTIS FL 32726
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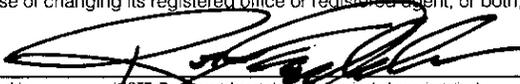


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3316093		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
REESE, RUSSELL 1250 MT. HOMER RD SUITE 2 EUSTIS FL 32726				Name			
				Street Address (P.O. Box or Mailing Address) Ron Fedderman 9067 Saint Andrews Way			
				City Mount Dora, FL 32757			
				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.

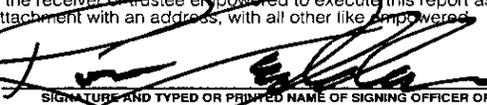
SIGNATURE **RON FEDDERMAN**  DATE **1.26.01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP <input checked="" type="checkbox"/> Delete	NAME FEDDERMAN, RON	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 607 S. 9TH ST	CITY-ST-ZIP LEESBURG FL		
TITLE P <input type="checkbox"/> Delete	NAME FEDDERMAN, RON	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 9067 ST ANDREWS WAY	CITY-ST-ZIP MOUNT DORA FL 32757		
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		
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STREET ADDRESS	CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 employees.

SIGNATURE:  **RON FEDDERMAN** DATE: **1.26.01** DAYTIME PHONE: **352-357-1881**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)