

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90224 009 ***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

2. Principal Place of Business

2502 E. ORANGE AVE.

Suite, Apt. #, etc.

EUSTIS, FL. 32726

City & State

Zip

32726

Country

U.S.A.

3. Mailing Address

2502 E. ORANGE AVE.

Suite, Apt. #, etc.

EUSTIS, FL. 32726

City & State

Zip

32726

Country

U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3316093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEDDERMAN, RON

9067 SAINT ANDREWS WAY

MOUNT DORA FL 32757

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

[Signature] PRESIDENT

1/20/03

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

(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

TITLE P
NAME FEDDERMAN, RON
STREET ADDRESS 9067 ST ANDREWS WAY
CITY-ST-ZIP MOUNT DORA FL 32757

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

[Signature] RON FEDDERMAN PRES. 1/20/03

Date

Daytime Phone

CR2E034 (10/02)