

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040324

1. Entity Name

CREATIVE WATER CONCEPTS, INCORPORATED

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90094 024 \*\*\*150.00

Principal Place of Business

4053-1 ST AUGUSTINE RD  
JACKSONVILLE FL 32207  
US

Mailing Address

PO BOX 47347  
JACKSONVILLE FL 32247-7347  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3439883**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCCANN, RICHARD E JR  
5215 SAN JOSE BLVD  
#106  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

**MCCANN RICHARD E JR**

Street Address (P.O. Box Number is Not Acceptable)

**1808 Stanford Rd.**

City

**JACKSONVILLE**

FL

Zip Code

**32207**

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

*Richard E. McCann Jr*

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

(NOTE: Registered Agent signature required when reinstating)

**4-28-00**

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, 2000 Fee will be \$550.00**  
**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

TITLE	PTSC	<input type="checkbox"/> Delete
NAME	MCCANN, RICHARD E JR	
STREET ADDRESS	<del>5215 SAN JOSE BLVD #106</del> <b>1808 Stanford Rd</b>	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCANN, SALLY	
STREET ADDRESS	2724 ALVERADO AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCANN, RICHARD E	
STREET ADDRESS	2724 ALVERADO AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1808 Stanford Road</b>	
CITY-ST-ZIP	<b>Jacksonville FL 32207</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*Richard E. McCann Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-00**

Date

**904 356-8884**

Daytime Phone #

CR25024 / 01001