

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90194 024 \*\*\*150.00

**DOCUMENT # P96000086815**

1. Entity Name

WTR, INC.

Principal Place of Business

6482 NEALE ROAD  
 MELROSE FL 32666

Mailing Address

6482 NEALE ROAD  
 MELROSE FL 32666-8850

2. Principal Place of Business

460 NIGHTINGALE ST.  
 Suite, Apt. #, etc.

3. Mailing Address

460 NIGHTINGALE ST.  
 Suite, Apt. #, etc.

City & State

KEYSTONE HEIGHTS, FL

City & State

KEYSTONE HEIGHTS, FL

Zip

32636

Country

CLAY

Zip

32656

Country

CLAY

4. FEI Number

59-3452976

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALTERS, KAREN J  
 6482 NEALE ROAD  
 MELROSE FL 32666

7. Name and Address of New Registered Agent

Name  
 1  
 Street Address (P.O. Box Number is Not Acceptable)  
 460 NIGHTINGALE ST.  
 City KEYSTONE HEIGHTS, FL Zip Code 32656

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

*Karen Walters*

4/29/00

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D WALTERS, KAREN J	6482 NEALE ROAD	MELROSE FL 32666	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	WALTERS, KAREN J.	460 NIGHTINGALE ST.	KEYSTONE HEIGHTS, FL 32656	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Karen Walters*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/00

Daytime Phone #

352/493-0529

CR2E034 (9/99)