

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000094345**

1. Entity Name

A PLUS WATER SOLUTIONS, INC.**FILED****Apr 24, 2001 8:00 am**
Secretary of State

04-24-2001 90059 008 ***150.00

Principal Place of Business

**2925-21 LEDO RD
ALBANY GA 31707
US**

Mailing Address

**7118 BLUEBERRY HILL DR
TALLAHASSEE FL 32303
US**

2. Principal Place of Business

19981 U.S. Hwy. East

3. Mailing Address

19981 U.S. Hwy. East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Boston GACity & State
Boston GA4. FEI Number **59-3410884**

Applied For

Not Applicable

Zip
31626Country
USZip
31626Country
US5. 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

**EASTON, PAUL A
7118 BLUEBERRY HILL RD
TALLAHASSEE FL 32303**

Name

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

City

D**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

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **EASTON, PAUL A**
STREET ADDRESS **7118 BLUEBERRY HILL DR**
CITY-ST-ZIP **TALLAHASSEE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **STD** ☐ Delete
NAME **EASTON, JEANINE B**
STREET ADDRESS **7118 BLUEBERRY HILL DR**
CITY-ST-ZIP **TALLAHASSEE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: *Paul Easton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2001 229-498-2042

Date

Daytime Phone #

CR2E034 (10/00)