

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103313

1. Entity Name

FIVE STAR WATER TREATMENT CORPORATION

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90079 009 \*\*\*550.00

Principal Place of Business

Mailing Address

2315 GRIFFEN RD  
STE 7  
LEESBURG FL 34748  
US

P.O. BOX 291038  
PORT ORANGE FL 32129-1038  
US

2. Principal Place of Business

3. Mailing Address

4621 S. ATLANTIC AVE

Suite, Apt. #, etc.

7101

City & State  
Ponce Inlet, FL

Zip  
32127

Country  
US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, HARRIETTE  
4621 S ATLANTIC AVE  
7101  
PONCE INLET FL 32127

Name

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

#7101

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

Harriette Wilson Harriette Wilson

5/22/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WILSON, HARRIETTE  
CITY-ST-ZIP 4621 S ATLANTIC AVE 7101  
PONCE INLET FL 32127

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ 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: Harriette Wilson Harriette Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/00

Date

904-304-8766

Daytime Phone #

CR2E034 (9/99)