

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026923

1. Entity Name

H2O TWO THOUSAND, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90035 026 ***158.75

Principal Place of Business

Mailing Address

1432 COURT ST
CLEARWATER FL 33756
US

1432 COURT ST
CLEARWATER FL 33756-6147
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3463606

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

MONTE, ROBERT
1432 COURT ST
CLEARWATER FL 33756

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.

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	KLEIN, DENNIS J	1729 CYPRUS AVE	CLEARWATER FL 34630	<input type="checkbox"/>
D	KLEIN, HAROLD A	1220 MADISON AVE, SUITE #7	TOLEDO OH 43624	<input type="checkbox"/>
D	POLING, EDWARD L	2283 FULTON ST	TOLEDO OH 43620	<input type="checkbox"/>
D	ASTRAB, JOHN	3000 ARBOR OAKS DR	TARPON SPRINGS FL 34689	<input type="checkbox"/>
D	DOMINICI, PETER	13110 WATERFORD RUN DR	RIVERVIEW FL 33569	<input type="checkbox"/>
D	MONTE, ROBERT	1432 COURT ST	CLEARWATER FL 33756	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00

Date

727-449-2243

Daytime Phone #

CR2E034 (9/99)