

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000031239**

1. Entity Name
AMERICAS' WATER SERVICES CORPORATION

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90103 014 ***150.00

Principal Place of Business

**1240 IROQUOIS DR.
SUITE 106
NAPERVILLE IL 60563**

Mailing Address

**LEGAL DEPT
1000 COLOR PLACE
APOPKA FL 32703**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2322756**

Applied For

Not Applicable

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

**ARMSTRONG, BRIAN P
1000 COLOR PL.
APOPKA FL 32703**

Name

James A. Perry

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

1000 Color Place

City

Apopka

Zip Code

32703

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 name of registered agent and title, if applicable

(NOT: Registered Agent signature required when substituting)

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 \$160.00
After MAY 1, 2001 Fee will be \$650.00
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 **CFO** ☐ Delete
NAME **PERRY, JAMES**
STREET ADDRESS **1000 COLOR PLACE**
CITY-STATE-ZIP **APOPKA FL 32703**

TITLE **V, D** ☐ Change ☒ Addition
NAME **James Perry**
STREET ADDRESS **1000 Color Place**
CITY-STATE-ZIP **Apopka, FL 32703**

TITLE **CCEO** ☐ Delete
NAME **CIRELLO, JOHN**
STREET ADDRESS **1000 COLOR PL.**
CITY-STATE-ZIP **APOPKA FL 32703**

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

TITLE **P** ☐ Delete
NAME **BROWN, THOMAS P**
STREET ADDRESS **6812 28TH STREET, SE, SUITE L**
CITY-STATE-ZIP **GRAND RAPIDS MI 49456**

TITLE **COO, D** ☐ Change ☒ Addition
NAME **Thomas P. Brown**
STREET ADDRESS **6812 28th Street SE, Suite L**
CITY-STATE-ZIP **Grand Rapids, MI 49456**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **Stephen D. Jensen**
STREET ADDRESS **1000 Color Place**
CITY-STATE-ZIP **Apopka, FL 32703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **V** ☐ Change ☒ Addition
NAME **Robert M. Bruett**
STREET ADDRESS **815 South Hills Drive**
CITY-STATE-ZIP **Plymouth, WI 53073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **AS** ☐ Change ☒ Addition
NAME **Kirk D. Martin**
STREET ADDRESS **1000 Color Place**
CITY-STATE-ZIP **Apopka, FL 32703**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIRK D. MARTIN

4/26/01

407/598-4128

Date

Daytime Phone

CR2E034 (10/00)