

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076288

1. Entity Name
WATERWORKS OF ORLANDO, INC.Principal Place of Business
10555 NW 53RD STREET
SUNRISE FL 33351
Mailing Address
600 S ANDREWS AVENUE
SUITE 400
FT LAUDERDALE FL 33301
US2. Principal Place of Business
4632 N. Hiatus Road
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.4. FEI Number
65-0782214
Applied For
Not Applicable5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, BRUCE D
600 S ANDREWS AVENUE
SUITE 400
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D Delete
NAME LINZER, CHARLES
STREET ADDRESS 600 S ANDREWS AVE, #400
CITY-ST-ZIP FORT LAUDERDALE FL 33301TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P Change Addition
NAME LINZER, CHARLES
STREET ADDRESS 4632 N. Hiatus Road
CITY-ST-ZIP Sunrise, FL 33351TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90329 001 ***150.00



DO NOT WRITE IN THIS SPACE

2002
03-14-2002
VA

CR2E034 (9/01)